121000348613

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T. MATTHEWS NOV 2 4 2021

COVER LETTER

O: Registration S Division of Co				
Adding Fr	anckly Cherilus as AMBR			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Franckly Cherilu			
		Name of Person		
		Firm/Company		
	15522 Goldfinch Cir	<u></u>		
	Westlake, FL 33470	Address		
	francklycherilus@gmail.cor	City/State and Zin Co	wie ·	
	E-mail address: (to be used for future ann	ual report notification	n)
For further information	concerning this matter, please co	all:		
Franckly Cherilus		954 at ()		
Name	of Person	Area Code	Daytime Telep	phone Number
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration			t Address: stration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 10" 12 Fd 3: 25

Name of the Limited Liability Co (A Florida Limi	moany as it now appears or ted Liability Company)	ont tecoty?)		
The Articles of Organization for this Limited Liability Comparing document number <u>L21000348613</u> .	any were filed on Augus	and assigned		
this amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited 1.	iability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
	~			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi	ce address on our reco	rds, enter the name of the new registe		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	En m El mida			
	Enter Florida street address			
		, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Age	ent:	•		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	igree to act in this cap ete performance of my as provided for in Cha	duties, and I am familiar with and other 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

21 10 1 2 10 10 10

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Franckly Cherilus	15522 goldfinch eir westlake, FI. 33470	Aad
			□Remove
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		<u>.</u>	Change
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ective date, if other tha	n the date of fili	ing:		(o	ptional)	
effective date is listed, the da	ite must be specific a	ind cannot be prior	to date of filing or	more than 90 days a	fter filing.) Pursuant to	605.02
te: If the date inserted in trument's effective date on	the Department of	t meet the applic f State's records	abie statutory ti	ing requirements.	inis date will not be	ustea
	•					
cord specifies a delayed ef	foctive date, but n	nat an affactive t	me at 12:01 a r	on the earlier of	(b) The 90th day	after ti
s filed.	recuve date; that if	the unit concern to the	ine, at 12.01 a.i	g, on the carrier of	. (try The Your day	
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	rhl.	/7				
VAC	A_ / # KA!					
- FACI	Signature of	a member or author	orized representat	ve of a member		-