L21000 359934

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ent) elected 2, p. 1 Helle xy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800430421448

95/28/24--01006--015 **25.00

6 HUNG 6 / 11/2/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALAIN PAPARAZZI CUBANO LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000357734	08/09/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
ALAIN PAPARAZZI LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
P. Managadian shannaintan da ann a 10 de an 19	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new registere
	, 'S
Name of New Registered Agent:	
New Registered Office Address:	
	lorida street address
	Ch.,

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cuv

<u> </u>	
If Changing Registered Agent, Signature of New I	Registered Agent

Zip Code

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			- ; □Add
			□Remove
			⊡Change
			. no
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Па

	· · · · ·	_			
-			<u>.</u>	<u> </u>	
					
					<u>`</u>
ffective date, if other than than the effective date is listed, the date in	he date of filing: _		J.,	(opti	onal)
ote: If the date inserted in this	block does not meet	the applicab			
ocument's effective date on the	Department of State	s's records.			
record specifies a delayed effec	tive date, but not an .	affactiva tim	. at 17:01 a.m.	on the earlier of: ()	a). The 90th day after the
l is filed.	ave date, our nor an e	enceave ma	., at 12.01 a.m.	on the carrier or. (77 The 70th day after the
MAY 16	7	024			
ated MAY 16			. •		
	W///				

Typed or printed name of signee