121000	405244
Amanda Kuculas (Requestor's Name) (Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	RECEIVER 2022 AUG 30 PH 4: 24 NALLAND SEET LORIDA

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COVER LETTER



Alliyah haugabook

Name of Person

Beaucejour siblings LLC

Firm/Company

8358 w Oakland park blvd

Address

Sunrise FL 33351

City/State and Zip Code

Nanaslovelyhair@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alliyah haugabook.

Name of Person

7866702349

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



LJ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ART	T ICLES OF C O	-	FILED 2022 AUG 30 AM 9:41	
Beaucejour siblings LLC			SEL	
(Name of the Limi	ed Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	SELLE ANG 30 AM 9:41	
The Articles of Organization for this Limited L Elorida document number L21000405244				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lieb	ility company haras		
A. It unrenoting matter, <u>circle the new matters</u>		n <u>u compuny nere</u> .		
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		8358 w Oakland park blv	rd sunrise FL 33351 suite 307	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	8358 w Oakland park blv	/d sunrise FL 33351 suite 307	
B. If amending the registered agent and/or a agent and/or the new registered office addre		address on our records, <u>er</u>	tter the name of the new registers	
Name of New Registered Agent:				
New Registered Office Address:	8358 w Oakland park blvd suite 307 Enter Florida street address			
	Sunrise		00051	
		City	, Florida <u>3335</u> 1 Zip Code	

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.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			T,Add
			🗆 Remove
			IChange
			I Add
			ElRemove
			□Change
			🗆 🖂 Add
			□Change
			⊒Add
			[]Change
			II Add
			TChange
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

8/29/22 Dated		
	Signature of a member or authorized representative of a member	
Alliyah	haugabook	
	Typed or printed name of signee	

Filing Fee: \$25.00