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FILED
2022 AUG 15 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FL

THE CONNOISSEUR'S CLUB LLC

Adding MGR Zen Moin to LLC

Daytime Phone number:

(954) 471-3548

Return Address:

2980 Paddock Rd, Weston FL 33331

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
•	NOISSEUR'S CLUB LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Zan Bhullar		
		Name of Person	
	THE CONNOISSEUR'S C	LUB LLC	
		Firm/Company	
	2980 Paddock Rd		
	,	Address	
	Weston, FL 33331		
	weston, rt. 55551	W- W- 198 20 1	
	cclub2980@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	lication)
For further information c	concerning this matter, please ea	all:	
		at () Area Code Daytimo	
Name c	d Person	Area Code Daytimo	2 Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ut
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Weston, FL 33331		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{1.21000446778}{1.21000446778}$.	on October 13, 2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	inv here:	
The new name must be distinguishable and contain the words "Limited Liability Company.		
Enter new principal offices address, if applicable:	SEC Tr	
(Principal office address MUST BE A STREET ADDRESS)	ALS ALS	```
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	<i>5</i> ,≺	İ
Enter new mailing address, if applicable:		_[
(Mailing address MAY BE A POST OFFICE BOX)	FAT 09	_
		_
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regis	tered
agent and/or the new registered office address nerv.		
Name of New Registered Agent:		
		_
New Registered Office Address:	tor Florala street address	_
	Florida	
		—

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, 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
MGR	Zen Moin	10301 Trianon PL	= Add
		Wellington, Ft. 33449	□Remove
			□ Change
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Filing Fee: \$25.00