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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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ACCURATION AND 12 28

OCT 1 9 2022 • **PKATHEF**

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: STEAL THE DEAN Name of	LNCLEX REVIEW, LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing
	н
Please return all correspondence concerning this ma	itter to the following:
REV BEA	ATRICE CAYO, OWNER/President/CEO/MGR/ Name of Person / AMBR
Steal to	TE DEAL NOLEX PELLEW, LLC
All: 112000. 395/ N.H	PAVERHICE RD Suites 203 & 219 West Palin Beach, C
Office HOURES: 10 Waln	Name of Person PENEW, LLC HAVERHILLED Suites 203 & 219 West Palin Beach, R Address
Leomins	FER MA 0/453 City/State and Zip Code
	City/State and Zip Code
univtaber	Nacleshiloh@gmail.com or ess: (to be used for future annual report notification) or Legui 2009@gmail.com ase call: 1 VICEN/MCP/AMBR
E-man add	octequi 2009@ smail. com
For further information concerning this matter, plea	ise call: 1
REV. BEATTICE CAYO, OWNER PORCE	314 339 MUD-7335 DR (774)6/5-9546
Name of Person	Area Code Daytime Telephone Number
DR JUNIOR BERNARD toquier	at (339) 440-7335 DE (744) 6/5-9546 Area Code Daytime Telephone Number EMP, OBGYN, CO-OWNEY/COO/MGR/AMBR
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of State	- 17 27 2
	Street Address:
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title <u>Name</u> **Type of Action** CO-OWNER | DR JUNIOR BERNARD FEGUIERE 395/ N HAVERHILL Rd KAdd

SUITES 203 & 219

West Palm Beach, FL 334/7 | Remove AMBR DE JUNIOR BERNARD FEQUERE 395/N HAVERHILL Rd Suites 203 & 219 West Palm Brack FC, 334/7 [[Remove _____ □ Add ____ □Add _____ □Remove

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