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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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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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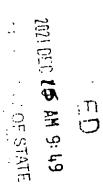
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A. RIVERS



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TO:

Registration Section

| ision of Corp | orations | | | | | |
|-----------------|---|---|--|--|--|--|
| ALIX JANV | | | | | | |
| | Name of Limited Liability Company | | | | | |
| | | | | | | |
| l Articles of A | mendment and fee(s) are sub- | mitted for filing. | | | | |
| all correspond | dence concerning this matter | to the following: | | | | |
| | Alix Janvier | | | | | |
| | Name of Person | | | | | |
| | ALIX JANVIER ENTERPRISE LLC | | | | | |
| Firm/Company | | | | | | |
| | 10880 NW 40TH STREET | | | | | |
| | | Address | | _ | | |
| | CORAL SPRINGS, FL 33 | 065 | | | | |
| | City/State and Zip Code | | | | | |
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| nformation cor | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | at () | | | | |
| Name of I | Person | Area Code | Daytime Telephone Number | בד | | |
| check for the | following amount: | | | | | |
| Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certific ed) Certifie | ate of Status & | | |
| | ALIX JANV I Articles of A all correspon Name of | Alix Janvier Alix Janvier Alix Janvier ALIX JANVIER ENTERF 10880 NW 40TH STREET CORAL SPRINGS, FL 33 Janvierenterpriselle@gmail E-mail address: (and the second of the following amount: a check for the following amount: Filing Fee \$30.00 Filing Fee & | ALIX JANVIER ENTERPRISE LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. Lall correspondence concerning this matter to the following: Alix Janvier Name of Person ALIX JANVIER ENTERPRISE LLC Firm/Company 10880 NW 40TH STREET Address CORAL SPRINGS. FL 33065 City/State and Zip Code Janvierenterpriselle@gmail.com E-mail address: (to be used for future annual reprisentation concerning this matter, please call: Name of Person Area Code a check for the following amount: Filing Fee \$30.00 Filing Fee & Certified Copy | ALIX JANVIER ENTERPRISE LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Alix Janvier Name of Person ALIX JANVIER ENTERPRISE LLC Firm/Company 10880 NW 40TH STREET Address CORAL SPRINGS. FL 33065 City/State and Zip Code Janvierenterpriselle@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Name of Person at (754 / Area Code) Name of Person at (214-2559 / Daytime Telephone Number of Person at Certificate of Status Certified Copy Certified Copy | | |

Mailing Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability</u> (A Florida L | y Company as it now appears on our records.) Limited Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Co. | ompany were filed on 11/05/2021 and assigne |
| Florida document number <u>L21000 486938</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ted liability company here: |
| The new name must be distinguishable and contain the words "Limite | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRE | ESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| 1 | |
| B. If amending the registered agent and/or registered eagent and/or the new registered office address here: | office address on our records, enter the name of the new reg |
| | 2021 DEC |
| Name of New Registered Agent; | 4-A |
| New Registered Office Address: | Enter Florida street address |
| | The second secon |
| | , Florida |

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

ALIX JANVIER ENTERPRISE LLC

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 |
|--------------|--------------------|--|-----------------|
| AMBR | Rivelino D Janvier | | □ Add |
| | | 10880 NW 40th Street, Coral Springs FL 33065 | ≡ Remove |
| | | | □Change |
| | | | □Add |
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Typed or printed name of signee

Alix Janvier