L22000047946

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TALLAHASSEE, FLORIDA

2023 JUL 24 AM 10: 4

COVER LETTER

	Registration Se Division of Cor		• • •
CUD ID	Fleur Koko	LLC	
SUBJEC	.1: <u> </u>	Name of Lim	nited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	eturn all correspo	ondence concerning this matter	to the following:
		Natacha Denis	
			Name of Person
		Fleur Koko LLC (Soon Es	state Architecture LLC)
			Firm/Company
		1810 Grove St.	
			Address
		Sarasota, FL 34239	
			City/State and Zip Code
		natacha@estate-architecture	
		E-mail address: (to be used for future annual report notification)
For furth	er information c	oncerning this matter, please c	all:
Natacha			404 5458832 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	l is a check for th	ne following amount:	
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration Section
Registration Section Division of Corporations			Division of Corporations
	P.O. Box 632	•	The Centre of Tallahassee
	Tallahassee I	FI 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Fleur Koko LLC	2023 44 0
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company) AM 10: 45
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000047946</u>	TALL AD WALL OF STATE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Estate Architecture LLC	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	ility Company," the designation "LLC" or the abbreviation "L.L.C." 80-0 (0-000) 1680 Fruitville Rd
(Principal office address MUST BE A STREET ADDRESS)	#529
	Sarasota, FL 34236
Enter new mailing address, if applicable:	1810 Grove St
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34239
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

NO CHANGE

STILL NATACHA DENS

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
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			Change
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