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(Requestor's Name)
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PICK-UP WAIT MAIL
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04/27/22--01016--014 **25.00

BOUND IN STATE TALLAHASSEE, FLORIDA

JUN 18 2022 S. PRATHEF

COVER LETTER

TO:

TO: Registration Se Division of Cor			
LAUDY H			
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SOPHONY H COONEY		
		Name of Person	
	LAUDY HENRI LLC		
		Firm/Company	
	5901 NW 182RD STREE	r, suite 121	
		Address	
	MIAMI, FL 33015		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	INFO@LAUDYHENRI.Co		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)
SOPHONY H. COONE	Y	786 296-5565 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 Address Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE ARR 27 R

LAUDY HENRI LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company	were filed on 03/01/	/2022	and assigned	8:42
Florida document number L22000105458	·			5	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the <u>limited liabi</u>	lity company here	:		
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if appli	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				_
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE	E BOX)				
		~ 		 -	
B. If amending the registered agent and/or agent and/or the new registered office addr		ddress on our reco	rds, <u>enter the name</u>	of the new regis	tered
Name of New Registered Agent:	SOPHONY H C	OONEY			_
New Registered Office Address:	5901 NW 183RI	D STREET, SUITE I	21		
		Enter Florida	street address		_
	MIAMI		, Florida ³³⁰¹	5	
		City		Zip Code	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as register provisions of all statutes relative to the pro					h the

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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

	•	
AMBR:	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MGR	SOPHONY H COONEY	5901 NW 183RD STREET, SUITE 121	= Add
		MIAMI, FL 33015	□Remove
			□ Change
			□ Add
			□Remove
			□Change
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	03/01/2022
	ve date, if other than the date of filing: (optional) ctive 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 605.02
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docume	ent's effective date on the Department of State's records.
	ALLA ALLA
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
2 10 111	SSA C
Dated _	Cypril 21, 2022.
Jaicu _	ACHMAN (MAN LA)
	ACHIVILLY CALMILLY
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00