122000180682

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
(org/old/o/2/pr/ none n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.2.7)
Contification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

MA



100391509321

07/25/22--01024--029 *-25.60

COVER LETTER

Division of Corp			
Ľ.	: -1 .0 110		,
SUBJECT: Frag	ncishenzo LLC	rited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
			22222
	T.	& Leon,	
	10	Name of Person	
	, ,		
	Looni Ked &	State Corporation Finn Company	
		Firm Conipany	. : ^)
	-71M 8's	21W H706	
	1100 5150	Address	
		O .	
	Miam, FL	Rity/State and Zip Code	
		City/State and Zip Code	
	1082 DLeon.	Companies. Com to be ided for future annual report noti-	
·	E-mail address: (to be dised for future annual report noti:	fication)
For further information co	oncerning this matter, please c	all:	
TNI		2.6	ulo <i>a</i>
Todd Lect	7.0	at (<u>305</u>) <u>4300</u> Area Code Daytim	419Z
Name of	rerson	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
≤ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Sec	
Division of Co P.O. Box 632		Division of Cor	•
Tallahassee, F		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANCISHENDO, LLC

	Company as it now appears on our records, imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on April 14, 20	22 and assigned
Florida document number <u>L 22000 180682</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
27Lees ilc		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation J.L.C."
Enter new principal offices address, if applicable:	N/A	22 C.,
(Principal office address MUST BE A STREET ADDRE	<i>U/</i> A	j
		y Gt
Enter new mailing address, if applicable:	N/A	တ္
(Mailing address MAY BE A POST OFFICE BOX)		
intering duarts, with the first object of the first		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	ne name of the new registered
Name of New Registered Agent:	N/K Emer Florida street address	
New Registered Office Address:	N/K	
	Flor	ida <i>N/K</i>
	City	Zip Code
New Registered Agent's Signature, if changing Registered a	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my duties, and nt as provided for in Chapter 605. F	H am familiar with and S. Or, if this document is
	N/A	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			Remove
			☐ Change 1
			= Add '
			Remove (♣)
			□ Change □ Add
			□Remove
			UChange
			□Add
			□Remove
			Change
			□Add
			□Remove
			ETCharacter.

<u> </u>			
			
			
		1.5.27-0-07-07-07	
			2555
			1.4
			
		•	• • • • • •
			(5)
			, Ö
•			
ctive date, if other than the date of	f filing: DA	(option	al).
effective date is listed, the date must be speci If the date inserted in this block does	cific and cannot be prior to date of fi	ling or more than 90 days after fil	ing.) Pursuant to 605.020
ment's effective date on the Department		ory ming requirements, this d	are will not be usied a:
ord specifies a delayed effective date, b filed.	out not an effective time, at 129	01 a.m. on the earlier of: (b)	The 90th day after the
a doly 21	2022		
8			
- Uwulling (Signature	re of a member or authorized repre	sentutive of a member	

Filing Fee: \$25.00