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2072 MAY 18 AM 9: 52 SECKE FARY OF STATE TALL AHASSEE, FL

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor					
Soucrs de C					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	_			
	Chantal V. Nolen				
	•	Name of Person	·		
	Souers de Corse, LLC				
		Firm/Company			
	3370 Buckinghammock Tr	ail			
		Address			
	Vero Beach, FL 32960				
		City/State and Zip Code			
	Socursdecorse@gmail.com E-mail address: (to be used for future annual report noti	fication)		
For further information c	concerning this matter, please ca	·	,		
Chantal Nolen	J ,	772 633-6736			
	of Person	at (e Telephone Number		
		,	·		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	otion		
Registration Section Division of Corporations		Registration Section 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

FILED

SOUERS DE CORSE, LLC

company has been notified in writing of this change.

2022 MAY 18 AM 9: 52

(Name of the Limit	ed Liability Company as it now appears o	n our records. SECHE JARY OF STATE
	(A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Li	ability Company were filed on 04/20/	
Florida document number L22000189878		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here	:
SOEURS DE CORSE, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desig	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or re	egistered office address on our reco	rds, enter the name of the new registe
agent and/or the new registered office addres	s here:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida	street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing F	legistered Agent:	
I hereby accept the appointment as registered	d agent and agree to act in this can	acity. I further agree to comply with

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

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 ador 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
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			□Remove
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Effective date, if other than the	date of filin	g:		-	(optio	nal)		
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document's effective date on the E								
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CHANTAL V. NOLEN	!							