L22000261278

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

	Registration Se Division of Cor			
SUDIEC		Y & DENAULT LLC		
SUBJEC	·1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		YANIK DENAULT		
			Name of Person	 -
			Firm/Company	
		115 NE 4TH AVENUE		
			Address	
	DELRAY BEACH, FL 33483			
		lydconstruction@hotmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further	er information co	oncerning this matter, please ca	all:	
YANIK	DENAULT		514 863-2871 at ()	
	Name of	f Person	Area Code Daytím	e Telephone Number
Enclosed	is a check for th	ne following amount:		
≌ \$25.0	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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations
			Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOUSTANY & DENAULT LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L22000261278	npany were filed on JUNE 7, 2022	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		-7-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City	ida Zip Code

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

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>	Name	Address	Type of Action
AMBR	SOPHIE BOUSTANY	980 RTE 125	□ Add
		SAINTE-JULIENNE QC J0K 2T0	≣Remove
			□Change
			□Remove
			□Change
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ote: If the date inse	erted in this block does in the Department	not meet the appli	cable statutory filing	requirements, this d	ate will not be listed a
cament's effective	date on the Department	Of State S records	. .		
record specifies a de	elayed effective date, bu	t not an effective	time at 12-01 a.m. o	n the earlier of: (h)	The 90th day after th
is filed.	oray co effective date, ou	e not an encenve	mie, at 12.01 a.m. 0	in the carrier or. (b)	· · ·
		2024	<i>t</i>		:
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