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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

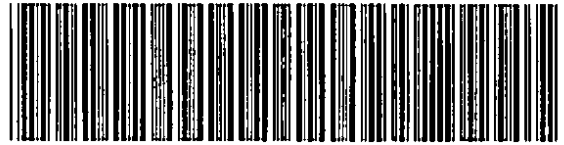
(Business Entity Name)

(Document Number)

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FILED
2022 NOV -3 AM 6:31
CLERK

JAN 4 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sidney & Francois, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pierre Rendel
Name of Person

Sidney & Francois, LLC
Firm/Company

3628 Hollisten Cir
Address

Melbourne FL 32940
City/State and Zip Code

Prendel 140@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pierre Rendel at (321) 258-4013
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sidney J. Francois, LLC

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

2022 NOV -3 AM 6:31

The Articles of Organization for this Limited Liability Company were filed on 9/19/2022 and assigned
Florida document number L22000404017

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Pierre Rende	3628 Hollisten Cir	<input checked="" type="checkbox"/> Add
		Melbourne FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
gm	Pierre Rende	3628 Hollisten Cir	<input type="checkbox"/> Add
		Melbourne FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Pamela Rende	3628 Hollisten Cir	<input checked="" type="checkbox"/> Add
		Melbourne FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
om	Pamela Rende	3628 Hollisten Cir	<input type="checkbox"/> Add
		Melbourne FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

A hand-drawn graph on lined paper. The horizontal axis is labeled 'Time' and the vertical axis is labeled 'Distance'. A straight line is drawn starting from the origin (0,0) and extending upwards and to the right at a constant positive slope, representing a constant velocity.

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member of authorized personnel

Signature of a member or authorized representative of a member

Pierre Bendel

Typed or printed name of signee