## L23000054259

(Re	questor's Name)	
(Ad	dress)	
(0.4)	dress)	
DA)	cress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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S. ROBERTS AUG 2 2 2023

## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: LE	GENIE REC	STAURANT ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	WILBERT !	Aly EDOUARD Name of Person	
	LE Genie	Restaurant LLC	· · · · · · · · · · · · · · · · · · ·
	178 NE 16	7th STREET Address	
	NORTH MIA	mi Beach Pl 33 City/State and Zip Code	162
	ADOU FAN E-mail address: (t	MKREYU (O (5m)	Cation)
For further information co	oncerning this matter, please ca	II:	
MARIE A. Name of	EAN BATTISTE Person	at (786) 497 – Area Code Daytime	1427 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fec	S30.00 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 Division of C	Section	Street Address: Registration Sec Division of Corp	
2	I	zansion or corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000054259</u> .	. /2 /2 -2
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	11.
Enter new principal offices address, if applicable:	178 NE 167TH STREET
(Principal office address MUST BE A STREET ADDRESS)	NORTH Minni Beach F/ 33162
Enter new mailing address, if applicable:	2623.
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent: Wilber	t Aly EDouard
New Registered Office Address: 176 NE	167th Street address  Enter Florida street address
MORTH A	1.AM. BEACH Florida 33162  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.

ng 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
MGR	MARIE A. JEAN BAPTISTE	1435 N E 177 th St N. HinHiBAD	39162 1d BAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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	THE NAME OF the Owner is
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`an eff <u>Vote:</u>	we date, if other than the date of filing:
recor d is fi	I 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 ed.
ated	08/02/2023
	Lougistlisti
	Signature of a member or authorized representative of a member
	MARIE A. JEAN BAPTISTE