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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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SECRETARY OF STATE

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COVER LETTER

Tallahassee, FL 32314

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| VĮLLA GO | DDEFROY, LLC | | |
| SUBJECT: | | ited Liability Company | |
| | Name of Lim | neu thability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | THIERRY SAVINEAU | | |
| | | Name of Person | |
| | MCR PARTNERS, INC. | | |
| | | Firm/Company | |
| | 20533 BISCAYNE BLVD | #1301 | |
| | | Address | |
| | MIAMI, FL 33180 | | |
| | MCRPARTNERS@YAHOO | City/State and Zip Code).COM | |
| | E-mail address: (| to be used for future annual report noti | lication) |
| For further information | concerning this matter, please ca | all: | |
| THIERRY SAVINEAU | | 786 607-2005 | |
| Name | of Person | at () Area Code Daytim | e 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 Addre | <u>:ss:</u> | Street Address: | |
| Registration | Section | Registration Sec | |
| P.O. Box 63 | Corporations 27 | Division of Cor The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VILLA GODEFROY, LLC | | |
|--|---|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records Liability Company) | <u>i.</u> |
| the Articles of Organization for this Limited Liability Company were filed on $\frac{02/01/2023}{\text{Lorida document number}}$ | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | <u>₹</u> , 2 |
| Enter new mailing address, if applicable: | | TANASSE |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Flo | orida |
| | City | 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 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 | TIM AMBLARD | 1410 MIDDLE RIVER DRIVE | |
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| (If an effi Note: | ive date, if other than the da fective date is listed, the date must be If the date inserted in this block tent's effective date on the Depa | e specific and cannot be prior c does not meet the applic | cable statutory filing rec | (optional) han 90 days after filing.) Pursuan quirements, this date will not | n to 605.0207 (3) be listed as the |
| | d specifies a delayed effective d led. | ate, but not an effective t | ime, at 12:01 a.m. on th | ne earlier of: (b) The 90th d | ay after the |
| ne record ord is fil | | | | | |
| ord is fil | SEPTEMBER 10 | 2023 | · | | |
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