L23 000 097 357

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
((City/State/Zip/Phone #)	-
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

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08/14/23--01017--012 **25.00

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT: Blan	C hene FA	Shion LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•	
Please return all correspo	ndence concerning this matter	to the following:		
	Ralph Re	ne Lamartinier Name of Person	<u>e</u>	
	Blanc he	Firm/Company		
		12 Avenue		
	Miami 1	City/State and Zip Code (e O 2 a g mail : G to be used for future innual report noti	33179 =	
	Manartinie	102@ gmail.	Com	
			incation)	
	oncerning this matter, please co		, ,	
Ralph Rene	- Lamartiniere	at (347) 53 4-	7034	
Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
X \$25.00 Filing Fee	□ \$30.00 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 Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blanc here for	shion LCC	
(A Florida Limited L	ty as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000097357</u> .	were filed on <u>0423 202.</u>	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	-	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Na	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flofida 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

Tust wanted to add myself (Ralp as the manager (owner) of the Blanc Rene Fashion LLC Stive date, if other than the date of filing: Stiffcetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliefiled. If August 07 . 2023. XRALPH R LAMARTING Research a member of a member	h Re bu.	ne La Sines	mork
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filed.			
	rof: (b)	The 90t	h day afte
August 07 . 2023.			
XKALPH R LAMARTIMERS	_		
Ralph Reve Lamartiniere			

Filing Fee: \$25.00

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 19730 N.E.12 AVR	Type of Action
MGR	Ralph here Lamort	Address 19730 N.É.12 AVE niere Miami, Fl 33179	īZÁdd
			□Remove
			🗆 Change
			🗆 Add
			Remove
		· .	
			— □Add
			. ₽ □Remove
			□Change
			□Add
			□Remove
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