L23000112 Cart 9

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(Address)
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(Document Number)
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03/27/23--01013--003 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations
Survey (server Vilmenay (sod (10)
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
GEDINES VINMORIN
Name of Person
CEORGES
Firm/Company
3283 Coral Hills Dr apt 4
Address
Oral Prints # 33065:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Malatia Burner 954 588-10458
Name of Person Daytime Telephone Number
read Code 11 Cloud
Enclosed is a cheek for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records.) nited Liability Company)
	,
The Articles of Organization for this Limited Liability Comp	pany were filed on $03/03/0073$ and assigned
Florida document number <u>L23000112440</u> .	
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 ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	.
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>1</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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
POLSUM POLSUM	Georges Vilmenay		DXdd
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			□Change
			□Add
			□Remove
			□Change
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palananananan sa antara an			□Add
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Please ada	Authorize	ed Person	
Georges Ville	MPMN	•	
			
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tive date, if other than the diffective date is listed, the date must be If the date insorted in this blochent's effective date on the Dep	be specific and cannot be prior ik does not meet the applic	able statutory filing requires	(optional) Days after filing.) Pursuant to 605. ments, this date will not be liste
ord specifies a delayed effective (filed.	date, but not an effective ti	me, at 12:01 a.m. on the ear	fier of: (b) The 90th day after
103/16	. 2023_	<u> </u>	
\mathcal{L}	2000	orized representative of a mem	
<u> </u>	ignature of a member or author	orized representative of a mem	her