

L23000120080

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003306013))



H230003306013AEC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LE PAIN DE PAUL LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 21 2023

SEP 21 2023

COVER LETTER

(((H23000330601 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: LE PAIN DE PAUL LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON TX 77063

City, State and Zip Code

EFILE1234@INCFILE.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

8884623453

at ()

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

(((H23000330601 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H23000330601 3)))

LE PAIN DE PAUL LLC

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

The Articles of Organization for said Limited Liability Company were filed on 04/05/2023 and assigned
document number L23000170080.

This amendment is submitted to amend the following:

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

The name as distinguished in Florida from the name "limited liability company" the designator "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

261 Blue Hampton Dr

Ponte Vedra, FL 32081

2023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

261 Blue Hampton Dr.

Ponte Vedra, FL 32081

2023

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

Paulo Sebess

New Registered Office Address

261 Blue Hampton Dr.

(Enter Florida street address)

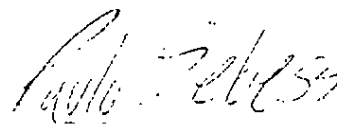
Ponte Vedra

Florida

32081

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
duties of all statutes relative to the proper and complete performance of my duties and I am familiar with and
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. On this document is
written 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

(((H23000330601 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H23000330601 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paulo Sebess	261 Blue Hampton Dr.	☐ Add
		Ponte Vedra, FL 32081	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

(((H23000330601 3)))

((H23000330601 3)))

d) If appending any other information, enter change(s) here: *change from 0.00 to 0.00*

Effective date, if other than the date of filing: _____ (optional)

Effective date of registration: The date on which a prospectus was filed and cannot be more than 90 days after filing. (16 CFR 270.201(a)(2)(ii))

Notes: If the date entered in the block does not meet the applicable statutory filing requirements, this date will not be listed as the court's effective date on the Department of State's records.

^a $T_{1/2}$ = overall steady-state half-life; effective elimination half-life in the absence of drug-drug interaction on the basis of eqn (1). The α and β values after the second t fold.

2023 September 19

² Subject of member or authorized representative of University.

Paulo Sebess

[illegible]

Filing Fee: \$25.00

((H23000330601 3)))