

L23000245805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

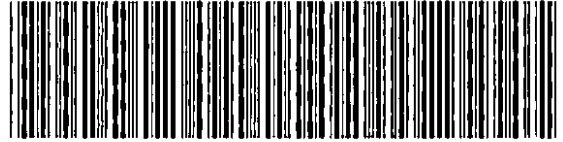
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SECRETARY OF STATE
TALLAHASSEE, FL

Wd

COVER LETTER

Registration Section
Division of Corporations

ECT: LES CORDELIERS LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS GOLDMAN
Name of Person
GOLDMAN CHURCH LAW, PLLC
Firm/Company
4357 VIRGINIA DR.
Address
ORLANDO, FL 32814
City/State and Zip Code
tom@goldmanchurchlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Goldman 239 961-1899
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL

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

LES CORDELIERS LLC

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

Articles of Organization for this Limited Liability Company were filed on 05/18/2023 and assigned
document number 123000245805.

amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable:

principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX

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TALLAHASSEE, FL

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:

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

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

= Manager
R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	PIERRE-ALEXIS C. DELRIEU	409 BARCLAY AVENUE	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	Catherine Therese Delrieu	409 BARCLAY AVENUE	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	PIERRE DELRIEU	409 BARCLAY AVENUE	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	PIERRE-ALEXIS C. DELRIEU	409 BARCLAY AVENUE	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amendments.

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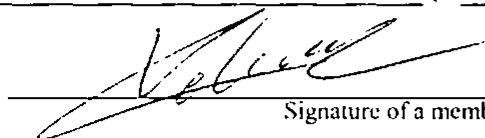
Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

he record 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
ord is filed.

Dated OCTOBER 30 2024



Signature of a member or authorized representative of a member

CATHERINE THERESE DELRIEU

Typed or printed name of signee