

L23000245805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

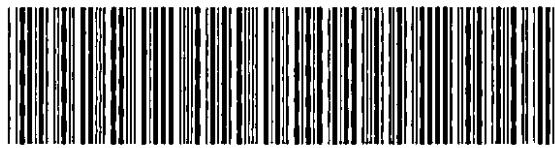
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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
da document number L23000245805.

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 "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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

_____ **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

nding 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

Name

Address

Type of Action

R PIERRE-ALEXIS C. DELRIEU

409 BARCLAY AVENUE

Add

ALTAMONTE SPRINGS, FL 32701

Remove

Change

IR Catherine Therese Delrieu

409 BARCLAY AVENUE

Add

ALTAMONTE SPRINGS, FL 32701

Remove

Change

R PIERRE DELRIEU

409 BARCLAY AVENUE

Add

ALTAMONTE SPRINGS, FL 32701

Remove

Change

GR PIERRE-ALEXIS C. DELRIEU

409 BARCLAY AVENUE

Add

ALTAMONTE SPRINGS, FL 32701

Remove

Change

Add

Remove

Change

Add

Remove

Change

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TALLAHASSEE, FL

F I L E D

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

SECRETARY OF
TALLAHASSEE

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SECRETARY OF STATE
TALLAHASSEE, FL

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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