## L23000255628

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(OK) Otales Elph Hone #)
PICK-UP WAIT MAIL
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(Document Number)
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2023

## **COVER LETTER**

TO:	Registration Se Division of Cor		•	·
~~		LE	POMPET LLC	
SUBJI	EC1:	Name of Lin	nited Liability Company	<del></del>
The en	oclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Diego Weinstein		
			Name of Person	
		LE POMPET LLC		
			Firm/Company	<del></del>
		818 Regal Cove Road		
Address weston, FL 33327				
		rsosa@sosacpa.com		ded.T.v
			to be used for future annual report no	uncation)
For fur	ther information c	oncerning this matter, please c	all:	
Diego Weinstein 754 317-5775				
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for th	he following amount:		
■ \$2	5.00 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 Addres		Street Address:	
Registration Section Division of Corporations P.O. Box 6327			Registration Se Division of Co	
			The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LE POMPET LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compar Florida document number 1.23000255628	ny were filed on Florida	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	ii)
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	n/a	ರಾ
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	n/a	· · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent: n/a		
New Registered Office Address:	Enter Florida street addres	ns'
		orida
	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>	<u>Name</u>	Address	Type of Action
MGR	Segundo Weinstein Flyn	818 REGAL COVE RD	■Add
		WESTON, FL 33327	□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Remove
		<u>.</u>	Change
			Remove
			□Change
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

	20
	.>
	5: 1, 7
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of the state. If the date inserted in this block does not meet the applicable status cument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.02 tory filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	:01 a.m. on the earlier of: (b) The 90th day after th
ated August 23 2023	
Signature of a member or authorized repro	esentative of a member
	einstein signee

Filing Fee: \$25.00