L23000272339

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400415199804

11/21/23--01028--005 **25.00

DEPARTMENT OF STATE AND AMASSEE, FLORIDA

A. PARISHANI DEC 0 2 2023

		COVER LETTER	4	
TO: Registration Se Division of Cor	ection porations			2023 NO
SUBJECT: Fra	Sh Louk Tuu Name of Lim	25 / / C ited Liability Company		W21 ANII: N'21 ANII: N'ENT OF STA OF CORPORATI HASSEE, FLORI
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		: L2 ALE RIDA
Please return all correspo	ondence concerning this matter	to the following:		
	_	G. LESUR - D.F. Name of Person		
	Fresh la	K Tours LLC Firm/Company	<u> </u>	
	6918 PIAZ	20 Grande AVE	# 4-30	2
	_ORIAND	City/State and Zip Code		est liukturs@Gmas.
	Mazicha E-mail address: (UHU O SMAIL. CON	n on Fre	UM KUKKUUS @GMail.
For further information c	oncerning this matter, please co			
Brenda Name o	DAVS	at (<u>SQ</u>) <u>GSL</u> Area Code Daytime	3944 Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

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

Liability Company as it now appears on our records.)
Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number <u>L2300272339</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 Liabil	lity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2295 S. HiAWassee Rd
(Principal office address MUST BE A STREET ADDRESS)	Suite 104
	ORIANDO Fr. 32835
	- ,
Enter new mailing address, if applicable:	2295. S. Hiawassee Rd
(Mailing address MAY BE A POST OFFICE BOX)	Suite 104
· 	CRIANULU FL. 32835
	•

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:

Brenida G. Davis (CEO NAME Charge)

2295 S. Hirawasser Rel Suite 104

Enter Florida street address

Orlando Florida 32835

City Zip Code Name of New Registered Agent: New Registered Office Address:

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
<u>CCO</u>	Branda G. Davis	2295 S. Hianxissee no	
		OKIANGO FL. 32835	
		Change Last Name Dia	Change
MGR	ORASE D. Davis	22955. HiAwasee Rd	/ □Add
		Suite My Onfando, Fe. 30535	
		Change (MGR) Address	Change
CFU	Brienda G. Davis	23-955. Hanasse e Rol	, (□Add
		OriAnide, Fr. 30835	□Remove
		Change (CEO reldiess)	Change
			□Add
			□ Remove
			□Change
			<u>2</u> 爲 Add
		SION OF	A NO PRemayer
		SEE. FL	
		ORIDA ORIDA	Change S
			□Remove
			∏ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Trans Requesting to have my last name Change From LEGER to Drais I have a new
Charges From I FRED to Daniel I have anne
Last Mange NEW.
tost Many Mou.
THE CHANGE TO DO SHAWASSEE ROLSHIFE IN CHANGE TO DO SHIFE IN
OM FILE CHANGE to 12055 S. HIAWASSEE ROI SUHE IC
(MIANDS, FC 32835
TE WILL KILL A INDUSTRIC CHECK Chartest
TF you have Any Questions Please Contact Me at Slot. 951. 3944
114 at 501. 751. 5799
ALLOS INC.
NOTE OF 2
E. Effective date, if other than the date of filing: 0005 203 (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) 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.
If the 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 record is filed.
Dated NOV 9 to 2023.
Signature of a member or authorized representative of a member
Busine 6 Davis Typed or printed name of signee