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PICK-UP	■ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
		J HOD.
		J. HORNE AUG 2 4 2028
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: <u>Voj C</u> j	Cuisine L	L C ited Liability Company	
	Name of Lim	ней Сваотну Сотрану	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Robends &	Name of Person	
		Firm/Company	
	600 5 Luna	CT HE 5	
	Holly wood	FL 33021 City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
Robends Same of	Person	at (<u>786</u>) <u>216 - 9</u> Area Code Daytim	4839 e Telephone Number
Enclosed is a check for the	e 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 S Division of Co	ection orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 6327	7	The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	23 AUG - FILED
	23 AUG - 7 AM DE 43
<u>s.</u>)	TORIES

Voici Cuisine Le

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

(A Florida Limited Liability Company)

(A Florida l	Limited Liability Company)	**************************************
The Articles of Organization for this Limited Liability Co Florida document number <u>L 23000.335656</u>		2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is
	FI	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
Mar	Edmond Boulos	1830 Radius Dr Aft 1413	[VAdd
		1830 Radius Dr Aff 1413 Hollywood FL 33020	⊡Remove
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an effective date is lote: If the date	f other than the d s listed, the date must l inserted in this bloo tive date on the Dep	be specific and cannot does not meet	the applicable s	of filing or more t latutory filing re-	(option han 90 days after quirements, this	filing.) Pursuant to	605.0207 listed as
	a delayed effective	date, but not an e	ffective time, at	12:01 a.m. on th	he earlier of: (b)	The 90th day a	ifter the
is filed.							
is filed.	9/2023	·					
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