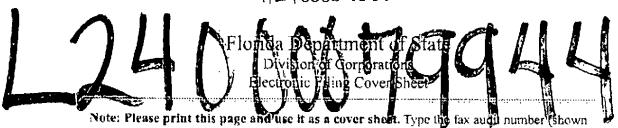
H240000758223



below) on the top and bottom of all pages of the document.

(((H24000075822 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPERTAX Account Number : I20200000010

Phone

: (407)777-7470

Fax Number : (321)206-9743

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONT SAINT FLUFFY FRENCHIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

M. SOLOMON

FEB 2 6 2024

Electronic Filing Menu Corporate Filing Menu

Help

Tallahassee, FL 32314

H24000075822 3

COVER LETTER

ection rporations		
MONT SAINT FLUFFY FRENCHIES LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: KELLEY COX Name of Person Firm/Company 800 NE 105TH LN Address ANTHONY, FL 32617 City/State and Zip Code Formation concerning this matter, please call: IX Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certificate copy is enclosed)		
Amendment and fee(s) are sul	omitted for filing	
KELLEY ÇOX		
	Name of Person	
	FimvCompany	
		202
		וט דוי
		(s)
	City/State and Zip Code	
E-mail address: (to be used for future annual re-	port notification)
oncerning this matter, please c	all:	. 7
	352 454	1-3535
f Person	Area Code	Daytime Telephone Number
se following amount:		·
	Certified Copy	Certificate of Status & Certified Copy
Section	<u>Street Add</u> Registrati	tress: ion Section
•	Division	of Corporations re of Tallahassee
	Amendment and fee(s) are substituted to the substitute of Line Name of	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Marie of Person Firm/Company 800 NE 105TH LN Address ANTHONY, FL 32617 City/State and Zip Code E-mail address: (to be used for future annual reconcerning this matter, please call: 352 45e

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

424000075822 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONT SAINT FLUFFY FRENCHIES LLC		
(Name of the Limited Liability Come (A Florida Limited	nany as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number 1.24000079944	y were filed on02/16/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	sility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024
(Principal office address MUST BE A STREET ADDRESS)		("T
	*****	25
		PE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	
	City	Florida
New Registered Agent's Signature, if changing Registered Agent		2.tp (.7/ae
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity e performance of my dutt provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
tf Ch:	Kelley Cox	ature of New Registered Agam

H24000075822 3

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>	Name	Address	Type of Action
MBR	JOSE GONZALEZ	800 NE 105TH LN, ANTHONY, FL 32617	
			CRemove
			Change
····			□Add
			□Remove
			~ −
			BAdd 등
		·	
			Change
			□Add
			🗆 Remove
			DAdd
			□Remove
			Change
			□Add
			□Remove
			☐ Change

		,, ,	···										**	<u>—</u> .
-		···-·-												
-								·	~					

												-		
_		***************************************			······································		·	···						
				*****	•••••••									
						~ ·······			·					
••								•				*****		2024
•	·· ···············													لدر. ادر
~	·						•••••						*****	CO
														 بي
														2
	*******	* * * . * * * * * * * * * * * * * *			* *** * ****	*** ********		·····					1	
-									********			·····	1	 i
-		·								·				
f an cff	cetive date i	clisted, the i	an the da late must be this block	specific a	ເຄປ ປະເທດ	a be pno	ਲ to dat	e of filin	8 or mex	e than 90	days after	filling.) Pr	resulant to	605.0207 Detect as
			the Depar					natutory	у типыд	requirer	ems, un	Gate 111	a martic	isted us
recer d is fil	•	a delnyed	effective da	ite, but n	ot an ef	fective	time, a	t 12:01	8.m. or	the ear	ier of: (b) The 9	Oth day a	tter the
Dated		5/2024				·····								
			Sign	nature of	Ke a membe	ley er or sut	Con	represer	italive o	f n metti	er 			
						37.871.3	LEY C	OX						