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08/19/24--01015--008 **25.00

08/19/24

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mullory S French LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Mullary S Franch LCC Firm/Company
2 Fal. (On Dr Address
Address
Mandeville LA 70471 City/State and Zin Code
City/State and Zip Code Daviel la ma Za @ gmail (om E-mail address: (to be used for future annual-report notification)
For further information concerning this matter, please call:
Durinel hu mazza at (561) 400 - 60 27 Name of Person at (561) 400 - 60 27 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Solution Status Solution Solutio
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2400</u> 250	ompany were filed on 5	131124 and assigned
This amendment is submitted to amend the following:	(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) es of Organization for this Limited Liability Company were filed on	
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 design	ation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		7
Enter new mailing address, if applicable:	_	- ;
(Mailing address MAY BE A POST OFFICE BOX)		
		:
	<u> </u>	• •
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		Florida
to D. Control of the	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

Title	<u>Name</u>	Address	Type of Action
	Xue L'	12140 H Buy Point Circle	□Add
		Purkling FL 33076	□Remove
			🗹 Change
			□Add
			□Remove
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ffective date, if other an effective date is listed, to tote: If the date inserted ocument's effective date	the date must be specific d in this block does n	and cannot be prior to of meet the applica	ble statutory filing	e than 90 days after fil	ling.) Pursuant to 605.020
record specifies a delayer is filed.	ed effective date, but	not an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ated August	- 14	2024			
		22/	rized representative o		

Filing Fee: \$25.00