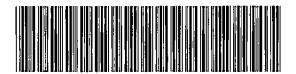
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(Requestor's Name)
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2025 JAN 10 AM 11: 55 SECRETARY OF STATE

GENERAL STATES

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COVER LETTER

Division of Co	rporations	·	
LOUSIER SUBJECT:	E LLC		
30 3 5€1.	Name of Lin	mited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	LOUISIANNE G FOUR	NIER	
		Name of Person	
	LOUSIERE LLC		
		Firm/Company	
	445 NW 4TH ST APT 13	09	
		Address	_
	MIAMI, FL 33128		2025 SE
	louisiannefr28@gmail.com	City/State and Zip Code	2025 JAN 10 MM11: SECRETARY OF STALLAHASSEE.
		(to be used for future annual report notification)	- 天空 0
For further information of	concerning this matter, please o	all:	SAG 墨
LOUISIANNE G FOUR	RNIER	786 992-2967	[10] 元
Name o	of Person	Area Code Daytime Telephone Numb	oer (v)
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
Mailing Addres Registration : Division of O	Section	Street Address: Registration Section	
P.O. Box 632		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOUSIERE LLC			
(Name of the Limited Liability (A Florida)	Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/25/2	2024 an	d assigned
Florida document number L24000495049	_•		
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 design	nation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
		TEC TEC	737
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		至美	6
		200	
		(n)	/:
B. If amending the registered agent and/or registered	office address on our recor	ds, enter the name of the	new registered
agent and/or the new registered office address here:		·	नि
Name of New Registered Agent:		_	
New Registered Office Address:			
New Registered Office Address.	Enter Florida s	treet address	
_		, Florida	
	City	Zip (Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and cot accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Chap	duties, and I am familia oter 605, F.S. Or, if this	r with and document is

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	Name	Address	Type of Action
AMBR	LOUISIANNE G FOURNIER	445 NW 4TH ST APT 1309	■Add
			= Add
		MIAMI, FL 33128	Петюvе
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ADDING AMBR				ditional sheets,				
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fective date, if other than	the date of fili	01/09/2025 ing:			(optional)			
n effective date is listed, the date of the date in th	is block ages not	i meet the abblic	able statutory	or more than 90 day	s after filing.) Pursuai will no:	nt to 605. t be liste	020 d a
cument's effective date on the	ie Department of	f State's records		•				
and and the same		.						
ecord specifies a delayed effi is filed,	etive date, but n	of an effective ti	me, at 12:01 a	m. on the earlier	of: (b) The	e 90th c	lay after	the
01/09 ted		2025						
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	\mathcal{L}			tive of a member				

Filing Fee: \$25.00