<u> 25000158883</u>

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #	(#)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to F		

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2025 MAY -8 PM 3: 29

FLORIDA CAPITAL COURIER SERVICES, IN	VC
2330 CLARE DRIVE	•
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
` ,	
Please use funds from the account: 12021000016	60: \$ <u>25.00</u>
Authorization Signature Jan Fall	
Jacques Legacy LLC	
,	#Document.
Dusiness Name	, Doddinent.
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Cortified Copy of Articles of Incorporat	ion
Certified Copy of Articles of Incorporat	<u></u>
Certificate of Status	
NEW FILINGS	AMENDMENTS
NEW FILINGS	AWENDMENTS
Profit	X Amendment
Not for Profit	Resignation of Member/MGR
	Change of Registered Agent
LLC Domestication	Revocation of Dissolution
	Conversion
INC	
CORP	Statement of Authority
LLLP	Merger Dissolution
	<u> DISSOLUTION</u>
OTHER EILINGS	REGISTRATION/QUALIFICATIONS
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing
TRANSMITTAL LETTER	Partnership
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Fictitious Name -	Articles of CORRECTION
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Statement of Authority	Withdraw of Authority to conduct
business	TRADEMARK
A DOCTII	Domestication
APOSTIL	Other
COUNTRY	Other

EXAMINER'S INITIALS:____

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jacques Question Que
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
benoy Mondesir
Firm/Company
2140 NE 31ch Avenue
Address Address City/State and Zip/Code City/State and Zip/Code E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Henry Longesi at 239 281 – LU2 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

9895 MAY .. O ...

Jacquestega	CU 1 C 2023 HAT -8 AM 9: 45
(Name of the Limited Liability Compa (A Florida Limited	iny as I now appears on our records.) TALLAHASSEE. FLURIDA
The Articles of Organization for this Limited Liability Company Florida document number 250015883	were filed on Epril 2, 2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	y Mondesir
New Registered Office Address: 2140	Enter Florida street address
-tompo	City Coch. Florida 330 (oC)
New Registered Agent's Signature, if changing Registered Agent:	·
I haraby account the appointment or resistant to	

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 o

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
AHBR	Kenny Mondesir.	2140 NE 310 Avenue Formpano Beach, FL 330	_XAdd
	/	,	□Remove
	a (□Change
AMBR	hennie Mondesir		_ □Add
			Remove
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fective date, if oth	er than the date of fi	ling:		(optional)	
ote: If the date inser	ted in this block does no	ot meet the applicable :	e of filing or more than statutory filing requir	90 days after filing.) rements, this date v	Pursuant to 605.02 will not be listed
eument's effective d	ate on the Department of	of State's records.			
ecord specifies a deb	ayed effective date, but	not an effective time o	t 12:01 a mr. on thu -	1:	00.1 1 0 1
is filed.	sydd effective dale, bur	not an effective time, a	it 12.01 a.m. on the e	arner on: (b) Inc	90th day after th
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)	Mannel	1 books	Cian		
	Signature o	la member or authorized	representative of a mei	mber	
		, r.			

Filing Fee: \$25.00