L25000199487

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COVER LETTER

TO: Registration Se Division of Cor		*		• *	
Gene v ieve	B Nassar Limited Liability Com	pany 4		e je je	
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
	ondence concerning this matter to				
	Genevieve Barbeau Nassar				
		Name of Person			
	Genevieve B Nassar				
		Firm/Company			
	540 Center Road				
		Address		-	
	Venice, Fl 34285				
		City/State and Zip Code			
	allsmilesshw@gmail.com				
Var further intermetion o	H-mail address: (to concerning this matter, please cal	be used for future annual	report notifica	Hion)	
			0. (27)		
Genevieve Barbeau Nassar		* /	8-4571	elephone Number	
Name o	f Person	Area Code	Daytime 1	elephone Number	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is end		Certified C	of Status &
Mailing Address Registration S		Street A	<u>ddress:</u> ration Secti	an .	
Division of C			on of Corpo		
P.O. Box 632			entre of Tal		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Genevieve B Nassar Limited Liability Comp		
(<u>Name of the Limited Liahil</u> (A Florid	lity Company as it now appears on our red la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (and assigned
Florida document number L25000199487	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		tter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	tdress
		, Florida
	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
AMBR	Genevieve Barbeau Nassar	540 Center Road, Venice, FI 34285	= Add
			□Remove
			[]Change
			🗆 Add
			Remove
			ClChange
			DAdd
			Remove
			□Change
		-	EIAdd
			□Remove
			□Change
	-		🗆 Add
			□Remove
			□Add
			□Remove

Need to add Genevieve Barber	au Nassar as an Authorized Person.	
		
tive date, if other than the	date of filing:	_ (optional)
tfective date is listed, the date must : If the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 d sek does not meet the applicable statutory filing requireme	ays after filing.) Pursuant to 605.0. ints, this date will not be listed
ment's effective date on the De	partment of State's records.	
, ,		. CAN 191. OAA 1 - 2 -
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after t
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1_05/20/Q	200 ///	
	1 B ////	$\overline{}$
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Filing Fee: \$25.00