P21000033052

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C. BRUMBLEY
JAN 2 8 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Le Chat	Noir, INC			
DOCUMENT NUMBER:	P21000033	3052			
The enclosed Articles of Amendm	ent and fee are sub	mitted for filing			
Please return all correspondence e	oncerning this matt	ter to the followi	ng:		
	DE E	BOUARD, (GWENC	DLA	
		Name of Cont	act Person		
	N	1arquise De	B LLC	;	
		Firm/ Cor			
	2525 PA	SADENA A	VE S. S	SUITE C	
		Addre	SS		
	SOUTH	1 PASADEI			
		City/ State and	l Zip Code		
		quisedeb@	_		
E-mail	address; (to be use	ed for future annu	ual report i	notification)	
For further information concerning	g this matter, please	e call:			
DE BOUARD, GWENOLA		at (727	732-0975	
Name of Contact P	erson	at (e & Daytime Telephone Number	_
Enclosed is a check for the follow	ing amount made p	ayable to the Flo	orida Depa	rtment of State:	
	75 Filing Fee & ficate of Status	\$43.75 Filing Certified Cop (Additional control enclosed)	рy	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Divisior The Ce 2415 N	nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment

to Articles of Incorporation

	of	poravion				
	10 ch	at Moir	IINC			
(Name of Corp	poration as currently f	<u> </u>				
(1)	Document Number of C	orporation (if know	wn)			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	orida Profit Corpo	ration adopts the fol	llowing ar	nendmer	nt(s) to
A. If amending name, enter the new name of	the corporation:					
Marquise 2 INC				<i>T1</i> 1	e new	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "Co". A p	npany," or "incorp professional corpo	orated" or the abbration name must o	eviation "	Corp., "	
B. Enter new principal office address, if appli	icable:	No	t Applicable			
(Principal office address MUST BE A STREET						
			· · · · · · · · · · · · · · · · · · ·			
						
C. Enter new mailing address, if applicable:	75 BAV	No	ot Applicable			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOA</u>)	_				
	-				202	
					-7 -12	
D. If amending the registered agent and/or re	egistered office addres	s in Florida, enter	the name of the		01 NW 220	
new registered agent and/or the new regist	tered office address:			4		-
Name of New Registered Agent	Not Appli	icable		ر م	AHII:	; (i
				;; ;;;;;;	-	
	(Florida street	address)			5	
New Registered Office Address:	Not Applicable		, Florida			
	Сi	(ty)		(Zip Code	Ŧ	
New Registered Agent's Signature, if changing						
1 hereby accept the appointment as registered ag	gent. I am familiar with	n and accept the ob	bligations of the pos	ition.		
	Not A	pplicable				
	Signature of New Regi	stered Agent, if ch	anging			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P,S,T	ROY DE RIVES, OLIVIER	1714 COUNTY RD 1, #15 _DUNEDIN, FL 34698
Add X	<u>P,S,T</u>	DE BOUARD, GWENOLA	2525 PASADENA AVE S. SUITE C SOUTH PASADENA, FL 33707
Remove 3) Change Add			
Remove 4) Change Add		·	
Remove 5) Change Add			
Remove 6) Change Add Remove			

f amending or adding additional A Attach <i>additional sheets, if necessary</i> ;	'). (Be specific)	
	Not applicable	
	···	
	,	
		
f an amendment provides for an ex provisions for implementing the ar	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	Not applicable	

	11/28/2021	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	It other than t
Effective date if applicable:	11/28/2021	
	(no more than 90 days after amendment	ı file date)
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing re- Department of State's records.	quirements, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	out shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east t sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. The or each voting group entitled to vote separately on the o	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approve $-\cdots$	
by	(voting group)	· · · · · · · · · · · · · · · · · · ·
Dated	11/28/2021	
Signature	Oh.	
selec	director, president or other officer – if directors or office ted, by an incorporator – if in the hands of a receiver, trinted fiduciary by that fiduciary)	
	DE BOUARD, GWENO	LA
	(Typed or printed name of person signing	
	Director	
	(Title of person signing)	