## L210000 17904

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

MAFER PE SUBJECT:	RSONAL SHOPPER LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARIA ALVARADO		
		Name of Person	<del></del>
	MAFER PERSONAL SHO	OPPER LLC	
		Firm/Company	
	10211 FALCON PARC B	LVD APT 103	
		Address	
	ORLANDO, FL 32832		
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
MARIA ALVARADO		786 7249923 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAFER PERSONAL SHOPPER LLC		
( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number L21000017904	Company were filed on 01/06/2021	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the li	mited liability company here:	2021
e new name must be distinguishable and contain the words "l.	imited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."-
nter new principal offices address, if applicable:		20 P
<u>rincipal office address MUST BE A STREET ADI</u>	ORESS)	10° 8°
	<del>70 · </del>	000 <b>6</b>
iter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or register ent and/or the new registered office address here	red office address on our records, <u>enter the n</u> ;	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	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 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
MGR	MARIA ALVARADO	10211 FALCON PARC BLVD APT 103	<b>\</b> Add
		ORLANDO, FL 32832	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other	r than the date of fil	ing:		(optio	nal)	
in the state of th	the date must be specific:	and cannot be prior to	date of filing or more	than 90 days after	filing.) Pursuant to o	505.0207 (
If an effective date is listed,  Note: If the date inserte	e on the Department of	f State's records.		.quirementa, ma	date will not be i	incu an e
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<b>Note:</b> If the date inserte	ed effective date, but r	tot an effective tinu	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day a	ner me
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