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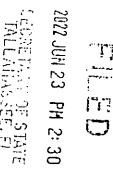
(Req	uestor's Name)	
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A. BUTLER SEP 1 4 2022

COVER LETTER

TO: Registration So Division of Cor		·	,
	THRIFT STORE L.L.C		
SUBJECT:	Name of Lin	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
		KARLA REYES	
		Name of Person	
	JIRI	EH #2 THRIFT STORE L.L.C	
	Firm Company		
	2945 NW 54 STREET		
	•	Address	
	MIAMI, FL 33142		
	Ica 2386 milas a sus	City/State and Zip Code	
	ker228@ yahoo.com E-mail address: e	to be used for future annual report not	nfication)
For further information e	concerning this matter, please e	all:	
KARLA REYES		786 3089876	
Name	of Person	at {}}_Area Code Daytin	ne Telephone Number
finelosed 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 enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address Registration 6		Street Address:	ection
Registration 9 Division of C	Corporations	Registration Se Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Fallahassee oc Street, Suite 810
ramanassee,	r sa cheart f	Tallahassee, FL	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

		RIFT STORE L.L.C	2022 11111 22 24 -
(<u>Name of the Lim</u>	ited Liability Co (A Florida Lim	ompany as it now appears on or ifed Liability Company)	2022 JUN 23 PM 2: 31
The Articles of Organization for this Limited (TARE THE OF STATE
Florida document number 1.22000255324			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	EBON)		
B. If amending the registered agent and/or agent and/or the new registered office addr		ice address on our record	s, enter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stre	et address
			, Florida
		$C''_{V'}$	Zip Code

Thereby 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. Thereby 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>	<u>Address</u>	Type of Action
N/A 			
			□Remove
N A			
			∐Remove
			Change
N/A			
			∐Remove
N/A			
			□Remove
N/A			
			LIRemove
			Change
N/A			
			_
			Change

WE WANT TO CHANGE THE	E CURRENT PURPOSE OF THE CORPORATE NAME:
Wholesale and retail of used fur	rnitures and all kind of business - TO: RETAIL USED FURNITURE STORE.
· <u>·</u>	
	
ective date, if other than the d	ate of filing: (optional)
reffective date is listed, the date must b	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605/02 ik does not meet the applicable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective c is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) . The 90th day after th
JUNE14th	
	ignature of a member or authorized representative of a member