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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L220003755873**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : YOUR DREAM SERVICES CORP.  
Account Number : I20200000137  
Phone : (786)660-0108  
Fax Number : (786)364-1047

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO2YOURDREAMMS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHOPA INT LLC

Certificate of Status	0
Certified Copy	0
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2022 Nov -2 11:4:53

2022 NOV -2 PM 12: 22

FILED

11/2/2022 11:14 AM

T. LEMIEUX

NOV 02 2022

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### COVER LETTER

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SHOPA INT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARISOL ANDARA TERAN  
\_\_\_\_\_  
Name of Person

*Marisol Andara Teran*  
\_\_\_\_\_  
Firm/Company

29277 NW 27 TH AV APT 2503  
\_\_\_\_\_  
Address

MIAMI FL GARDENS 33056  
\_\_\_\_\_  
City/State and Zip Code

shopaholicve.adm@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARISOL ANDARA TERAN at ( 786 ) 3816964  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

SHOPA INT LLC

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/01/2022 and assigned Florida document number L22000467776

This amendment is submitted to amend the following:

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

29277 NW 27 TH AV

(Principal office address MUST BE A STREET ADDRESS)

APT 2503

MIAMI GARDENS, FL 33056

Enter new mailing address, if applicable:

29277 NW 27 TH AV

(Mailing address MAY BE A POST OFFICE BOX)

APT 2503

MIAMI GARDENS, FL 33056

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: YOUR DREAM MULTISERVICES CORP

New Registered Office Address: 8300 NW 53RD ST ST SUITE 350

Enter Florida street address

MIAMI

City

Florida 33106

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.

Isamar Torres

If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ANY ALL LEGAL IN THE USA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated NOVEMBER 02 , 2022

Marisol Andara Teran  
Signature of a member or authorized representative of a member

MARISOL ANDARA TERAN  
Typed or printed name of signee

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