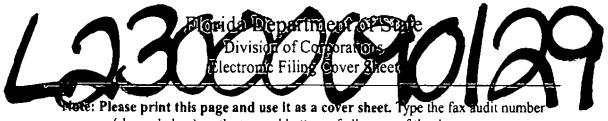
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX S PRO CORP Account Number : 120200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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

Email Address: <u>INFO@TAXSPRO.COM</u>

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEDOYA'S STORES LLC

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Corporate Filing Menu

HelpJUL 2 7 2023

COVER LETTER

TO: Registration S Division of Co	ection rporations		
CITATE CT.	'S-STORES LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ANWAR I PUELLO		
		Name of Person	·····
	TAXS PRO CORP		
		Firm/Company	
	8030 PINES BLVD		
		Address	
	PEMBROKE PINES , FL	ORIDA 33024	
	·	City/State and Zip Code	
	INFO@TAXSPRO.COM		
mulation of the		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	zall;	
ANWAR I PUELLO		786 307-2733 a1 ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration 1		Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632	.7	The Centre of T	Tallahassee
Tallahassee, 1	rL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

BEDOYA'S STORES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

(Name of the Lim	(A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L23000090129	Liability Company	were filed on 02/27/2023	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		1101 LOBLOLLY LN , APT 303	
(Principal office address MUST BE A STRE		DAVENPORT, FLORIDA 33896	
Enter new mailing address, if applicable:		1101 LOBLOLLY LN , APT 303	
(Mailing address MAY BE A POST OFFICE	BOX)	DAVENPORT, FLORIDA 33896	
agent and/or the new registered office addre		AS , HEMERSON A	
Name of New Registered Agent:			
New Registered Office Address:	1101 LOBLOL	LY LN , APT 303 Enter Florida street address	
	DAVENPORT	' -	2635
	-	, Florida 33896	Zip Code:
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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_ 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
AMBR Bedoya Arias, Hemerson A	Bedoya Arias, Hemerson A	100) LOBLOLLY LN	
		DAVENPORT, FL33896	≅Remove
		-	Change
AMBR Bedoya Arias, Hemerson A	Bedoya Arias, Hemerson A	1101 LOBLOLLY LN , APT 303	= Add
		DAVENPORT, FL 33896	□ Remove
		□ Change	
		□ Rетпоче	
			Change
		□ Add	
		Remove	
			□ Change
		□Remove	
			Change
			□Remove

п ашеп	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing: 07/26/2023 (optional)
record s d is filed	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
Dated	07/26 .2023 7
	Signature of a member or authorized/representative of a member
	X 1//