M16000008824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

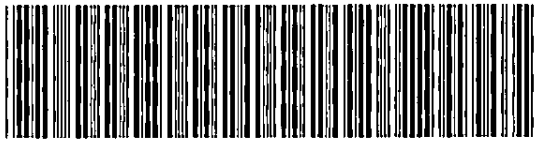
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
JUL 14 2025

Office Use Only



300454064093

FILED
2025 JUL 11 PM 12:17

FILED
2025 JUL 11 PM 3:53

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 381044 7447746

AUTHORIZATION :

COST LIMIT : $ 25.0

ORDER DATE : July 7, 2025

ORDER TIME : 2:02 PM

ORDER NO. : 381044-280

CUSTOMER NO: 7447746

FOREIGN FILINGS

NAME: FAMILY DOLLAR STORES OF FLORIDA, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
_____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Dollar Stores Florida, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____
Name of Person

_____
Firm/Company

_____
Address

_____
City/State and Zip Code

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

2025 JUL 11 PM 12:17

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Family Dollar Stores Florida, LLC

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

510 Volvo Parkway
Chesapeake, VA 23320

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

510 Volvo Parkway
Chesapeake, VA 23320

2. The Florida document number of this limited liability company is: M16000000824

3. Jurisdiction of its organization: Virginia

4. Date authorized to do business in Florida: 01/29/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
President/Manager	Jocelyn Konrad	500 Volvo Parkway	☐Add
		Chesapeake, VA 23320	■Remove
Sr. Vice President	Todd B. Littler	500 Volvo Parkway	☐Add
		Chesapeake, VA 23320	■Remove
Vice President/Treasurer	Jonathan Poston	500 Volvo Parkway	☐Add
		Chesapeake, VA 23320	■Remove
Vice President/ Secretary	John S. Mitchell, Jr.	500 Volvo Parkway	☐Add
		Chesapeake, VA 23320	■Remove
Assistant Treasurer	Michael Collar	500 Volvo Parkway	☐Add
		Chesapeake, VA 23320	■Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signed by: Jonathan L. Elder Jul 9, 2025
08547DFFD001408 Signature of the authorized representative

Jonathan Elder
Typed or printed name of signee

Filing Fee: $25.00

Please remove

Sharon Wesselhoft, Assistant Secretary – 500 Volvo Parkway, Chesapeake, VA 23320

Michael Newman, Vice President – 500 Volvo Parkway, Chesapeake, VA 23320

Please add the following

Name of Officer	**Title of Officer**
Michael Newman	President
John Crumpler	Vice President
Jonathan Elder	Vice President, Tax and Treasury
Mary Topfer	Vice President and Secretary
Yolanda Gary	Assistant Secretary

Managers

Jonathan Elder

Mary Topfer

The address for all Officers and Managers listed above is 510 Volvo Parkway, Chesapeake, VA 23320.