

L14000059283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

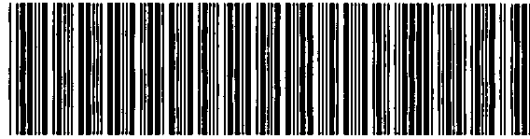
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE LOVE STORE STOP L.L.C
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

NADIOUSKA RAMIREZ

Name of Person

GENERAL ACCOUNTING SOLUTIONS , INC

Firm/Company

12905 SW 42 ND ST #205

Address

MIAMI , FL , 33175

City/State and Zip Code

NRM@GENERALACCOUNTINGSOLUTIONS.COM

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

For further information concerning this matter, please call:

NADIOUSKA RAMIREZ at **305** **554-5090**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE LOVE STORE STOP L.L.C

(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 04/10/2014 and assigned
Florida document number L1400005959283.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

Page 1 of 3

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MGR = Manager
AMBR = Authorized Member

MGR	GERARDO HERMANDEZ	9521 SW 40TH ST MIAMI , FL 33165
		<input type="checkbox"/> Add
		<input checked="" type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

The register Agent appear as a Almendral , Rafael , Jr .

The correct last name is Almendral , Rafael , Jr (I need to correct the last name)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **04/15/ 2014**



Signature of a member or authorized representative of a member

ALMENDRAL , RAFAEL , JR.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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