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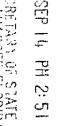
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J. HARRIS

COVER LETTER

Division of Cor	porations		
SUBJECT: A	NATION ROOM	CERY STORE	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARIE C	Name of Person	
	AM NATION	Severy STA	RéUC
	#1 /2 E.	LANTANA RO	····
	LANTA	City/State and Zip Code	162
	MARIE FLORE E-mail address: (1)	to be used for future annual report notif	· CoM fication)
For further information co	oncerning this matter, please ea	all:	
MARIE C Name o	Ferson DEORGES	at (Sol) 809 - Daytime	293 0 · · · · · · · · · · · · · · · · · ·
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

All NATION CROCE Name of the Limited Liabi	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	11/1/20
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	S STP
(Mailing address MAY BE A POST OFFICE BOX)	23 c
	(man)
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, enter the name of the new dress 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 compléte 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

MGR = M							
AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address Type of Action					
MGR	JAMES MEMARDY	423 SW / DTHAVE, BOYNTWBEHFLY AND					
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Effective date, if other that	i the date of hill e must be specific an	'6'			lani to bus uzu
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document's effective date on the record specifies a del	nis block does not the Department of ayed effective	meet the applicable: State's records. date, but not an	statutory filing requiren	12:01 a.m. on the	ot be listed as

Page 3 of 3

Filing Fee: \$25.00