# L10000672442

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**EXAMINER** 

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### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

America	els Dollar Store LLC	
	·	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
C		Vehicle Search
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Driving Record
Requested by:	Th 10/7 4/00	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Camalan

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## AMERICA'S DOLLAR STORE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) **JULY 8 2010** The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ L10000072442 Florida document number 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

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

, MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	RONALD L DAVIS	19667 TURNBERRY WAY, UNIT 3L	Add 7 Remove
		AVENTURA FL 33180	
			Add Remove
<del></del>			Add Remove
			Add Remove
· .			Add Remove
			Add Remove
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	<del></del>
_			
			_
 Dated	OCTOBER 7		_
		<del></del>	
	Signature	of a member or authorized representative of a member	
		Stephen W Davis Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 M	1100 Stuge 110	
Name of	the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	_
<u> </u>	_*	
The Articles of Organization for the	s Limited Liability Company were filed on 4/9 8, 20/0 and	assigned
Florida document number/	00000 72 442	
This amendment is submitted to ar	end the following:	
A. If amending name, enter the	ew name of the limited liability company here:	
The new name must be distinguished	and end with the words "Limited Liability Company," the designation "LLC" or	he abbreviation
Euter new principal offices addr	ss, if applicable:	
(Principal office address MUST B	A STREET ADDRESS)	
Enter new mailing address, if ap		l l
(Mailing address MAY BE A POS	OFFICE BOX)	<u> </u>
		<u> </u>
B. If amending the registered registered agent and/or the new r	gent and/or registered office address on our records, enter the name elstered office address here:	e of the new
Name of New Registered	yent:	
New Registered Office Ac	ireno:	
New Registered Office At	Enter Florida street address	
	, Florida	
	City Zip C	ode
New Registered Agent's Signature, i	changing Recistered Agent:	
the provisions of all statutes relat	s registered agent and agree to oct in this capacity. I further agree to cover to the proper and complete performance of my duties, and I am fami	liar with and
	on as registered agent as provided for in Chapter 608, F.S. Or, if this d uge in the registered office address, I hereby confirm that the limited lic	
acompany has been notified in write	na of this change	

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

	If amending to or Managing	he Managers or M <u>Member being ad</u> c	maging Members on our records, enter the title, name, and addre- d or removed from our records:	ss of each Manager
,	MGR = Manager MGRM = Managing Member		<del>-</del> .	
	Title	<u>Name</u>	Address	Type of Action
N G	n-HGRM	Roxald L.	DAJIS 19667 TURN BERRY WAY APT 32, AVENTURA, Florida 33180	Add Afemove
				Add Remove
	D. If amendin	ng any other inform	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
				<del>-</del>
				<b>-</b>
	Dated	ictober	nature of a member or authorized representative of a member	
	-		Teplen W DAVIS Typed or printed name of signec	
			Page 2 of 2 Filing Fee: \$25.00	