11000114273

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	:/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



400300832384

06/30/17--01006--013 **30.00

TO JUN 30 AM 7: 41

JUL 0 5 2317 J SHIVERS

COVER LETTER

	istration Section sion of Corporations	
eun me	Global Stores Group LLC	
SUBJEC	Name of Limited Liability Company	
The encle	Articles of Amendment and fee(s) are submitted for filing.	
Please re	all correspondence concerning this matter to the following:	
	Peter B Erickson	
	Name of Person	
	Blind Rivet Supply Co	
	Firm/Company	
	1400 Gulf Blvd Unit 501	
	Address	
	Clearwater Beach, FL 33767	
	City/State and Zip Code	
	peter@perickson.com	
	E-mail address: (to be used for future annual report notification)	
For furth	formation concerning this matter, please call:	
Peter Eri	on 813 929-3657 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	check for the following amount:	
□ \$25.0	iling Fee	

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

Global Stores Group LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 11/03/2010	and assigned
Florida document number 1.10000114273		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Blind Rivet Supply LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "ELC" or th	e 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:		
•	and the same of th	
(Mailing address MAY BE A POST OFFICE BOX)		
D. If the second of the second	65	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the ne
	-	; .
Name of Nam Banistard Anonti		17
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	, Florida	The
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	45. 1
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further	::- agree to comply with the
provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as	provided for in Chapter 605, F.S. 0	Or, if this document is
being filed to merely reflect a change in the registered office	e address, I hereby confirm that the	limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action** Title Name Address □ Add ☐ Remove _

Change _ 🗆 Add __ Remove _____ Change _□ Add _____ □ Change _____ Remove _____ Change □ Remove _□ Change □ Remove ☐ Change

	· · · · · · · · · · · · · · · · · · ·
	;
	그는 사람이 없는 그를 가는 것이 없다.
	2
	<u> </u>
tive date, if other than the date of filing:	(antional)
ffective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block does not meet the applicable statutory nent's effective date on the Department of State's records.	filing requirements, this date will not be liste
·	
ecord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
//	dative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00