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FILED 2012 NOV 26 PM 2: 30 SECRE TARY OF STATE TALLANASSEE, FLORIDA

# J. BRYAN NUV 27 2012 EXAMINER

TO: Registration Section Division of Corporations	
SUBJECT: <u>ADDICT2SHOP LLC</u> Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CARLOS PRACHO Name of Person	-
ADDICT2Shup Firm/Company	-
(023 VILLA CIRCIG Address	TALLANDY 26
BOYNTON BEACH, FL, 33435 City/State and Zip Code	ED STATE
ActicT25hcpLLCC Gmcil.Com E-mail address: (to be used for future annual report notification)	: 30 LORIDA
For further information concerning this matter, please call:	
Name of Person at (786) 241 9705 Area Code & Daytime Telephone Numb	er

**COVER LETTER** 

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

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□\$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 A TO • ARTICLES OF OF OF	
ADDICT 2 Shop, LLC (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{\angle 12000142.788}$ .	vere filed on $11/13/12$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ALLARY 26

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

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida 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 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MARIM	CARLOS BRACHO	623 VILLA CIRCLE	Add
		BOYNTON BEACH, FL 3342	S Remove
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		····	Add
			Remove
		TALECT	
		AHASS SS	
		ALLAHASSEE, TLORIDA	
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Signature of a member or authorized representative of a member	/ · · ·	AN / A	
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Signature of a perioder or authorized tenrelentative of a member		Cooldszereoucle	R
		nature of a fact ber or authorize	ed representative of a member

Page 3 of 3

Filing Fee: \$25.00

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