## 13000049905

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(Address)	
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

STORE CENTRAL LLC
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:

DEBORAH WALKER
Name of Person
WEB STORE CENTRAL, LLC
Firm Company
1428 SCENIC ST
Address
LEMGH ACRES, FL 33936
City/State and Zip Code  Alborah walker owebstween tral com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORALT WALKER at 56/215-4818
Name of Person

Area Code & Davrime Telephone Number

Enclosed is a check for the 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)

7.

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

NOW STARE CENTRAL LLC	_
(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 $3/25/13$ and Florida document number $4/3000043905$ .	l assigned
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 "L.L.C."	the abbreviation
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 nan registered agent and/or the new registered office address here:	ne of the new
Name of New Registered Agent:	<del></del>
New Registered Office Address:	<u>≥</u>
Enter Florida street address	ž T
, Florida	7 ,
City Zip (	Code
New Registered Agent's Signature, if changing Registered Agent:	⊕ <u>~</u>
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a	omply 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 or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	MARK BURNS	1428 SCENIC ST LETHIGH ACRES, FI	Add
		LEHIGH ACRES FZ	Remove
		33936	_
			Add
			Remove
			Add
			Remove
			<del></del>
<del></del>			Add
			Remove
			Add
			Remove
			_
<del></del>	,		Add
			Remove

D. II am	ending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
• , ,	BUSINESS TELEPHONE - 631-932-7867
	OWNER TELEPHONE - 561-715-4818
	OWNER EMAIL ADARESS - deborah walker a websterecentary
	CHANGE ID SINGLE MAMKER LLC.
Dated	<u>4-10, 2013.</u>
	Delsah H Walker
	Signature of a member or authorized representative of a member
	DEBORAH Y. WALKER
	Typed or printed name of signee

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Filing Fee: \$25.00