# 1300072419

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
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FILING CANCELLED RETURNED CHECK

2015 OCT 30 A II: 32 SECHETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Se Division of Cor			,
SUBJECT: Gif	HS-N-GoodS Name of Limi	Galore, LLC ted Liability Company	<u>-</u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Marl	on F. Berro	ouet
	Gifts-N	on F. Berro Name of Person  1-Goods Gal Firm/Company  thuest 157th S	ove, LLC
	204 Nov	thnest 157 <sup>th</sup> S	street
	Miami F	L 33169 City/State and Zip Code	
	Muxlon berr E-mail address: (t	obe used for future annual report no	cification)
For further information c	oncerning this matter, please ca		
May low Name o	F. Berroult	at (454) 700 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FILING CANCELLED RETURNED CHECK

Gifts-N-Goods	5 Galore, LLC
J ( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1300072419</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limite	T 30 A III
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	204 Northwest 157th Street SS) Miumi, FL 33169
(Principal office address MUST BE A STREET ADDRE	ss) Miumi, FL 33169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	204 Northwest 1572 street Miami, FL 33169
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	arlon F. Berrouet
New Registered Office Address: 20	Enter Florida street address
_ MC	City, Florida 33169 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member	FILING CANCELLE	
<u>Title</u>	<u>Name</u>	Address RETURNED CHEC	Type of Action
M GRM	Sabring, Elizee	2657 Fletcher Court	□ Add
		Hollywood IFL 33020	Remove
			Change
AMBR	Jennifer Meme	204 Northwest 15718 tree	<b>├©</b> ∕Add
		Hlami, FL 33169	□ Remove
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effective date is listed, the date must be specified in this block d	pecific and caphot be prior to o	late of filing or more than	90 days after filing	g.) Pursuant to 60:
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Page 3 of 3

Filing Fee: \$25.00