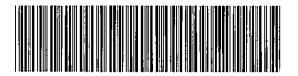
L13000151218

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Dollad Name of Limi	Stop Plus L	LC	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
		name of Person	130	
	DOIIA	R STOP PIUS LL Firm/Company	<u>C</u>	
	751 R	gleigh CT		
	Zenaid	DEILONA TI City/State and Zip Code laprolife D Yo	32738	
For further information co	E-mail address: (to	o be fised for future annual report notific	cation)	
Zevaida Name of	Somtiago	at (407) 690	7268 TALL TO THE PROPERTY OF T	
Enclosed is a check for the	following amount:		전 전 H: 3	C
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fed. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address:</u> Registration So		<u>Street Address:</u> Registration Sect	ion	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



January 22, 2024

ZENAIDA SANTIAGO DOLLAR STOP PLUS, LLC 751 RALEIGH CT DELTONA, FL 32738

SUBJECT: DOLLAR STOP PLUS, LLC

Ref. Number: L13000151218

We have received your document for DOLLAR STOP PLUS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 224A00001315

Diane Cushing Operations Manager A

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dollar S	Company as it now appears on our records.)
(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 12-5 ZOZ3and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain 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 ADDRES	Deltoactl. 327,385
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	751 Raleigh CTA TO TO Deltong 71. 32738 J
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Wi	Ifredo Rivera
New Registered Office Address:	5) Raleigh CT Enter Florida street address
De	
New Registered Agent's Signature, if changing Registered A.	Cay 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Zenaida Sortingo	751 Raleign CT Deltona	71.327.38 MAdd
			□Remove
			□Change
<u>Am B12</u>	Wilfredo Rivera	751 Raleign CT Detona 7	22730
			□Remove
			□Change
			🗆 ^dd
			🗀 Remove
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Hective Lifthe	date is liste date inser	rd, the date m rted in this	iust be speci block does	tic and canno	ot be prior to da the applicable records.	ite of filing o	r more than 90 ling requirer	(optio days after f nents, this	iling.) Pursu	ant to 605.0 of be listed
rd speciled.	cifies a del	layed effect	ive date, b	ut not an ef	fective time,	at 12:01 a.i	n. on the ear	lier of: (b)	The 90th	day after
	2-	2024	 	: _ :///	<u></u> .					
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_		<u></u>	Asignitum aida	e of a membe	er or authorized	d representat	ive of a memb	er		

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