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PICK-UP WAIT MAIL
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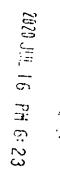


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AUG 2 7 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Shape Livers Whilesche Lichensung 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:
Name of Person  Shape Lovers Wholesale LLC Firm/Company
5485 NW 79th AUE
Docal, Fl. 33/66
City/State and Zip Code  Cayo   argo   Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Registration Section  Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5485 NW 74+	LA AVENUE LLC : 3 -	· eq
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	. •
(Name of the Limited Liability Company (A Florida Limited Liability Company we Florida document number 4/40000606060606060606060606060606060606	vere filed on 4/16/2014 and assigned	
This amendment is submitted to amend the following:	23	
A. If amending name, enter the new name of the limited liability of the	holesale LLC	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5485 NW 79+h AUE	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5485 NW 79th AVE Doeal, Fl. 33166	<u> </u>
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new res	<u>zistere</u> c
Name of New Registered Agent:	PME AS ON FILE	
New Registered Office Address:	Enter Florida street address	
	, Florida	<del></del>
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with ar provided for in Chapter 605, F.S. Or, if this documen	nd

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
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inte	tive date, if other than the date of filing:    The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.    If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
d is i	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to filed.
ate	D. Whill
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00