## 14000117975

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
		NEED AMAZON LLC		
SUBJEC	úl:	Name of Limi	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Max Abreu		
			Name of Person	<del></del>
		ALL YOU NEED AMAZO	ON LLC	
			Firm/Company	<u>.</u>
3811 University Byld W Unit 4				
			Address	
		Jacksonville FL 32217		
		max@allyouncedllc.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notific	uation)
For furth	ner information c	oncerning this matter, please ea	ill:	
Max Ab	rett		561 235-3581 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL YOU NEED AMAZON 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	and assigned
Florida document number [.14000]17975		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
ALL YOU NEED GOODS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3811 University Byld W. U	Jnit 4
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville F1, 32217	
Enter new mailing address, if applicable:	3811 University Byld W. U	Jnit 4
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville FL 32217	
B. If amending the registered agent and/or registered o		ords, enter the name of the new
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
		· ·	
			Remove
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