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SECRETARY OF STATE

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COVER LETTER

Divisie	on of Corpo	orations		
SUBJECT:	hoe Poncho	LLC		
		Name of Limi	ited Liability Company	
The enclosed A	articles of Ar	mendment and fee(s) are subt	mitted for filing.	
Please return al	l correspond	lence concerning this matter t	to the following:	
		Virginia Daye		
			Name of Person	
		Shoe Poncho LLC		
			Firm/Company	
		5 Lynn Ct		
			Address	
		New Smyrna, Fl 32168		
			City/State and Zip Code	
		Shoeponcho@gmail.com		
		E-mail address: (to	o be used for future annual report notifica	ation)
For further info	rmation con-	cerning this matter, please ca	II:	
Michael Daye			386 631-0513	
	Name of P	erson	at () Area Code Daytime T	elephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filin	ng 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

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

Shoe Poncho LLC			SEP 3
(Name of the Lim	ited Liability Compa	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L15000019778			FLORE and assigned
This amendment is submitted to amend the fol	lowing:	·	
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	5 Lynn et	
(Principal office address MUST BE A STREET ADDRESS)		New Smyrna, Fl 32168	
Enter new mailing address, if applicable:		5 Lynn Ct	
(Mailing address MAY BE A POST OFFICE	BOX)	New Smyrna, FI 32168	
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	Virginia R Day	ve	
New Registered Office Address:	5 Lynn Ct	Enter Florida street address	
	New Smyrna		:_ 32168
		, rior	ida 32168

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

Page 1 of 3

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
AMBR	Virginia R Daye	5 Lynn Ct New Smyrna, Fl 32168	Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Remove
		-	Change
			Add
			Remove
			☐ Change
·			□ Add
			☐ Remove
			Change SE □ Add 30
		LAHASSEE. FLORID	ПОС
		STATE ORIDA	N □ Change

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Rective date, if other than the date of filing: an effective date is listed, but date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purpusant to 605.02 doi: for the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed recurrent's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the effective date of the earlier of the ear			
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