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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	istration Se ision of Cor					
0415 181289	Neighbor	nood Shipping Centers LLC				
Name of Limited Liability Company						
The enclosed	Anicles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo.	ndence concerning this matter	to the following:			
		Reed Johnson				
			Name of Person			
		Neighborhood Shipping	Centers LLC			
			Firm/Company			
		2290 Gunn Rd				
		-	Address			
		Kissimmee, FL 34746				
			City/State and Zip Code			
		reedi0228@amail.com E-mail address: (r EEd j Ø228@ gma to be used for future annual report notifi	id. Com		
For further in	iformation co	oncerning this matter, please ca	all:			
Reed Johns	· -					
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neighborhood Shipping Centers LLC			
(Name of the Limited Lial (A Flor	bility Compa rida Limited	ny as it now appears on our records.) .iability Company)	····
The Articles of Organization for this Limited Liability Florida document number L15000066633	y Company 	were filed on 4/16/2015	and assigned
his amendment is submitted to amend the following:	:		
. If amending name, enter the new name of the li	imited liab	ility company here:	
Neighborhood Convenience Stores LLC			
he new name must be distinguishable and contain the words "L	imited Liabi	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2290 Gunn Rd	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Kissimmee, FL 34746	18 C
			CI-I AB 7:15
. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	ddress her	<u> </u>	nter the name of the
New Registered Office Address: 229	00 Gunn Ro		
Kiss	simmee	Enter Florida street address	a 34746
<u></u>		, Florid	a 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Bemove-
			- Remove
			Remove
			Change
		-	Remove
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ective date, if other than the date of filing:			(optional)		
effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the	e applicable sta	of filing or more than t tutory filing require	90 days after filing.) I ements, this date w	Pursuant to (rill not be l	605.02 isted
ument's effective date on the Department of State's	records.				
record specifies a delayed effective date,	but not an o	ffoctiva tima . a	+ 12:01 - m - a	a tha as	-lia-
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Filing Fee: \$25.00