## 2140000002844

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

то:	Registration Se Division of Cor				
SUBJI	Ten Below	LLC			
ocia.					
		Amendment and fee(s) are sub	-		
	•	Sara Porter	•		
			Name of Person	<del> </del>	
		Ten Below LLC			
			Firm/Company	<del></del>	
		5048 Spectacular Bid Dr			
			Address	<del></del>	
		Wesley Chapel, FL 33544	į.		
			City/State and Zip Code		
		portersm2003@gmail.com	to be used for future annual report notific		
г с			·	cation)	
Sara Po		oncerning this matter, please c	813 458-4242	2016 TALL	
·	Name o	f Person	Area Code Daytime	Telephone Number 777 25	
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	_

MAILING ADDRESS: 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

Ten Below LLC						
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears ability Company)	on our records.	)		
The Articles of Organization for this Limited Lia Florida document number L16000002844  This amendment is submitted to amend the follows:	ability Company v		uary 6, 2016	<del>,</del>	_ and ass	igned
A. If amending name, enter the new name of	the limited liabi	lity company he	<u>re</u> :			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the de	signation "LLC"	or the abbre	viation "L.	L.C."
Enter new principal offices address, if applica	ble:	5048	Spectacu	lor R	Sid K	)
(Principal office address MUST BE A STREET	(ADDRESS)	Wesley	Spectacu Chapel	FL	335	44
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered off	or registered off			enter th	e name	of the new
Name of New Registered Agent:		<del></del>		>0	2[	
New Registered Office Address:	5048 Spectacular Bid Dr			F.60	20:6	
	Wesley Chapel	Enter Flori	da street address , Flor	ida 33544	APR 25	T-MANUAL PARTY OF THE PARTY OF
New Registered Agent's Signature, if changing Re	egistered Agent:	City			Zip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has	r and complete p tered agent as pr egistered office o	performance of n rovided for in C	ny duties, and hapter 605, F.	I am fan S. Or, if	iilia <del>r w</del> iti this docu	h and ment is

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							
Title	Name	Address	Type of Action				
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		<del></del>	☐ Remove				
		<del></del>	☐ Change				
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		Signa	ture of a m	ember or au	thorized repre	sentative of a	member	<u> </u>	<del></del>	

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Filing Fee: \$25.00