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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJECT:	sting Stor	e, LLC	
	/ Name of Limite	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	David	Johnston Name of Person	
	·	F:/C	
		Firm/Company	
_	1407 83	RE ST. NW	
		Address	
_	Bradenton	, FL 34209	
		City/State and Zip Code	
_	DJJ342 E-mail address: (to	be used for future annual report notification	<u>(1)</u>
For further information conce	•	•	
1 1 7	1 1	a . -	
David Jo	huston	at (941) 730 -	-9392
Name of Per	son	Area Code Daytime Tele	ephone Number
Enclosed is a check for the fo	ollowing 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:

Registration Section
Division of Corporations

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

Listing Store,	LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1600011755.0</u>	were filed on 6/17/20	016 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab The Listing Outlet LLC The new name must be distinguishable and contain the words "Limited Liabil		e abbreviation "L.I	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4916 26™S Suite 100 Bradenton, F		7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		er the Pames AM	of the new
	Enter Florida street address	ORI	
	, Florida	D = 2	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
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			Change
			
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			Add
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the application.	o date of filing or more than 90 days after filing.) Pursuant to 605.0 ble statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
regard encelling a deleved effective data but as	
record specifies a delayed effective date, but not he 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
—	
ed June 24, 2016	
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Page 3 of 3

Filing Fee: \$25.00