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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

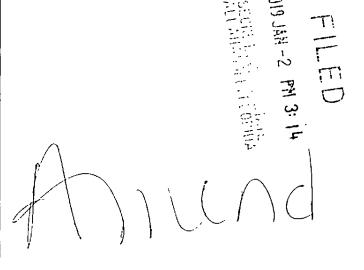
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COVER LETTER

Div	ision of Cor	porations		
SURJECT:	And33's Th	rift Shop LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing	
		ndence concerning this matter	-	
	, and a second	Kenneth Hardy		
		And33's Thrift Shop	Name of Person	
		3213 Anderson RD.	Firm/Company	
		Orlando FL 32806	Address	
		info@and33s.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repor	notification)
For further in	nformation co	oncerning this matter, please ca	all:	
Kenneth Ha	rdy		601 953681 at ()	1
	Name o	Person	Area Code Da	sytime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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:

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Registration Section

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 ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

And33's Thrift Shop,LLC

The Articles of Organization for this Limited Liability Company were filed on This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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
AMBR	Michael Gilliam	2412 S. Conway Rd. #145	
	 	Orlando FL32812	Add
			Remove
			☐ Change
			
			Remove
			□ Change
			Ađd
			□ Remove
			Change
			□ Add
		Remove	
			☐ Change
	 		
			□ Remove
			Change
			Add
			□ Remove
			□ Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	12/28/18
	Signature of a member or authorized representative of a member
	Kenneth Hardy
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00