## L16000186208

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | WAIT              | MAIL        |
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| (Bu                     | siness Entity Nar | ne)         |
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|                         | ocument Number)   |             |
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| Certified Copies        | _ Certificate:    | s of Status |
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Office Use Only

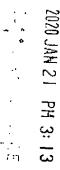


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## **COVER LETTER**

TO:

Tallahassee, FL 32314

|            | Registration Se<br>Division of Cor |   |   |  |  |  |
|------------|------------------------------------|---|---|--|--|--|
| SUBJEC     | re:                                | A-1 Veloz Wholesale Suppliers, LLC  |   |  |  |  |
| SUBJEC     | 1;                                 | Name of Limi  | ited Liability Company  |  |  |  |
| The enclo  | osed Articles of                   | Amendment and fee(s) are sub-   | mitted for filing.  |  |  |  |
|            |                                    | ndence concerning this matter   | -   |  |  |  |
|            |                                    | Rachel Veloz  |   |  |  |  |
|            |                                    |   | Name of Person  |  |  |  |
|            |                                    | Shoeholic Miami, LLC  |   |  |  |  |
|            |                                    | Firm/Company  |   |  |  |  |
|            |                                    | 614 E 51st Street   |   |  |  |  |
|            |                                    | Address   |   |  |  |  |
|            |                                    | Hialeah, FL 33013   |   |  |  |  |
|            |                                    | City/State and Zip Code velozrachel1117@gmail.com  E-mail address: (to be used for future annual report notification) |   |  |  |  |
| For furthe | er information c                   | n-mail address: (i<br>oncerning this matter, please co  |   | ouncation)   |  |  |
| Rachel V   | 'eloz                              |   | 786 356-2547  |  |  |  |
|            | Name o                             | f Person  | at ()<br>Area Code Dayt   | ime Telephone Number   |  |  |
| Enclosed   | is a check for th                  | ne following amount:  |   |  |  |  |
| ,          | 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 Addres Registration 5      | Section   | Street Address: Registration S                                      |  |  |  |
|            | Division of C<br>P.O. Box 632      | •   | Division of C<br>The Centre of                                      |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A-1 VELOZ WHOLESALE SUPPLIERS LLO  | C                     |  |                  |               |                   |
|--|-----------------------|--|------------------|---------------|-------------------|
| (Name of the Limited Liability<br>(A Florida)  | v Compai<br>Limited L | ny as it now appears on our records.  Liability Company) | )                |               |                   |
| The Articles of Organization for this Limited Liability Co<br>Florida document number L16000186208         | ompany<br>            | were filed on October 07, 2016                           | aı               | nd assig      | med               |
| This amendment is submitted to amend the following:  |                       |  |                  |               |                   |
| A. If amending name, enter the new name of the limit   | ted liabi             | lity company here:                                       |                  |               |                   |
| Shoeholic Miami, LLC   |                       |  |                  |               |                   |
| The new name must be distinguishable and contain the words "Limit  | ted Liabil            | ity Company," the designation "LLC"                      | or the abbreviat | ioELL         | .C."              |
| Enter new principal offices address, if applicable:  |                       | Rachel Veloz   |                  | <u></u>       | - ;;              |
| Principal office address MUST BE A STREET ADDRI  | ESS)                  | 614 E 51st Street  |                  | 121           | •                 |
|  |                       | Hialeah, FL 33013  | <br>             | -р            | \$ <u>1</u>       |
|  |                       |  | <br>دور بدسر     | न्म<br>अ:     |                   |
| Enter new mailing address, if applicable:  |                       |  | 1 -              | <b>_</b> _    |                   |
| Mailing address MAY BE A POST OFFICE BOX)  |                       | <u> </u>   |                  |               | <u>-</u>          |
|  |                       |  |                  |               |                   |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office a              | ddress on our records, <u>enter t</u>                    | he name of th    | <u>ie new</u> | <u>registerec</u> |
| Name of New Registered Agent: Rogelic  | o Veloz               |  |                  |               |                   |
| New Registered Office Address: 614 E 5   | 51st St               |  |                  |               |                   |
|  |                       | 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.

City

Hialeah

If Changing Registered Agont, Signature of New Registered Agent

, Florida <sup>33013</sup>

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>   | <u>Address</u>                       | Type of Action |
|--------------|---------------|--------------------------------------|----------------|
| AMBR         | Yany Y Veloz  | 614 E 51st Street, Hialcah FL 33013  |                |
|              |               |                                      | ■Remove        |
|              |               |                                      | □Change        |
| MGR          | Rogelio Veloz | 614 E 51st Street, Hiałeah, FL 33013 | □ Add          |
|              |               |                                      | ≣Remove        |
|              |               |                                      | □Change        |
| AMBR         | Susana Veloz  | 614 E 51st Street, Hialeah FL 33013  | □Add           |
|              |               |                                      | Remove         |
|              |               |                                      | □Change        |
|              |               |                                      | □Add           |
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|                           | February 01, 2020   |
| lf an efi<br><u>Note:</u> | ive date, if other than the date of filing:   |
| e recor<br>rd is fi       | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Datas                     | January 11 2020   |
| Dated                     |   |
|                           |   |

Typed or printed name of signee