# 7000011300

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## CORPORATE ACCESS, \_

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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

### **WALK IN**

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K	РНОТОСОРУ		
]	CUS		
X	FILING	AMEND	
	SHOPANGO LLC		<u>.</u>
(	CORPORATE NAME AND D	OCUMENT #)	
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#### **COVER LETTER**

SUBJECT:	SHOPA	NGO LLC			
SUBJECT:	Name of Limi	ted Liability Company			
	mendment and fee(s) are sub-				
	Leslie Alan Rozencwaig, E	sq.			
		Name of Person			
	ROZENCWAIG & NADE	L, LLP			
Firm/Company					
301 W. Hallandale Beach Blvd					
Address					
	Hallandale Beach/ Florida	/ 33009			
	<del></del>	City/State and Zip Code			
	entities@rnflaw.com				
		to be used for future annual	героп поппсанов)		
For further information cor	neerning this matter, please ca	ill:			
Leslie Alan Rozencwaig, E	Esq.	954 45 at ( )	5-5100		
Name of I	Person	Area Code	Daytime Teleph	one Number	
Enclosed is a check for the	following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street A	.ddress:		

TO:

**Registration Section** Division of Corporations

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH - 1 Ali 8: 45 SHOPANGO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number | L17000011300 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 n 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 to 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2022 His	Type of Action
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ote: If the date inserted in	n the date of filing: te must be specific and cannot be prior to his block does not meet the applicabl the Department of State's records.	date of filing or more than 90 days	optional) after filing.) Pursuant to 605.0; this date will not be listed
e record specifies a de The 90th day after the	ayed effective date, but not a record is filed.	an effective time, at 12:0	01 a.m. on the earlier
06/01 ated	2020	·	
	The City	$\bigcirc \triangle$	
	Signature of a member or authorize	red representative of a member	
LESLIE ALAN R	OZENCWAIG. ESQ.		
	Typed or printed i	name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00