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| (| Requestor's Name) |
|----------------------|-------------------------|
| | (Address) |
| | Address) |
| | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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COVER LETTER

| | egistration Sec vision of Corp | | | |
|-------------|-----------------------------------|---|---|--|
| | | NE STOP, LLC | | |
| SUBJECT | : | Name of Limit | ed Liability Company | |
| | | Amendment and fee(s) are submedence concerning this matter to | | |
| | , | ERIC HOWELL | · | |
| | | | Name of Person | |
| | | HOWELL CPA GROUP | | |
| | | | Firm/Company | |
| | | 408 W. BALDWIN RD | | |
| | | | Address | |
| | | PANAMA CITY . FL 3240 | 5 | |
| | | | City/State and Zip Code | |
| | | ADMIN@HOWELLCPAGE | OUP.COM be used for future annual report noti | tication) |
| For further | information co | oncerning this matter, please cal | | |
| ERIC HOV | WELL | | 850 215-3093 | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is | a check for th | e following 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 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

| LILLY'S ONE STOP, LLC | | | |
|---|--|-------------------|--------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | iny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L17000104459 | | _ and assign | ned |
| | | | |
| 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 ab Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] [Principal office address MUST BE A STREET ADDRESS] | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbre | viation "L.L.C | <u></u> |
| | 1625 Mercedes Avenue, Panama City, FL | 32405 | |
| | | <u></u> , | |
| | | | |
| Enter new mailing address, if applicable: | 1625 Mercedes Avenue, Panama City, FL | 3240 5 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of | ffice address on our records, enter the | e name of | the no |
| registered agent and/or the new registered office address her | | | 0 |
| | | 18 | ISIAI 33S |
| Name of New Registered Agent: | | | 왕. |
| New Registered Office Address: | Enter Florida street address | | |
| | | 3 | 코우딩 |
| | , Florida | Zip Code | RATIO |
| | * | <i>.</i> | 9™ |

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.

New Registered Agent's Signature, if changing Registered Agent:

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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------------|-----------------------|----------------|
| AMBR | ALEJANDRA HERNANDEZ TORRES | 1411 BUENA VISTA | |
| | | PANAMA CITY, FL 32401 | Remove |
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| f an ei Note: | tive date, if other than the date of filing: | 05.020 isted a |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed. | lier o |
| | 1 1/2 2012 | |
| Datec | <u>9</u> 406-2018. | |
| Dated | ALEIANDRA LHERNANDEZ TORRES | |

Page 3 of 3

Filing Fee: \$25.00