

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THOP 50, LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	mior 50, EEC		
	(Name of the Limited) (A	Liability Company as it now appears on an Florida Limited Liability Company)	r reconds.)
	of Organization for this Limited Liab	ility Company were filed on February	14, 2018 and assigned
This amends	nent is submitted to amend the followi	mg:	
A. If amend	ing name, enter the new name of th	e limited Hability company here:	
AN Store 50,	LLC	· ·	
The new name	must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation "LL.C."
Enter new p	rincipal offices address, if applicable	e :	
	fice address MUST BE A STREET A		
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Enter new m	ailing address, if applicable:		₹. 7 0 65 ••••
(Mailing add	TESS MAY BE A POST OFFICE BOX	10	
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3. If amen- registered ag	ding the registered agent and/or r ent and/or the new registered office	egistered affice address on our re address here:	cords, enter the name of the ne
Nam	e of New Registered Agent:		
Now	Registered Office Address:		
		Better Florie's street a	nddress
	_		_, Florida
		City !.	Zip Code

nature, if changing Registered Agent:

From: Small Business Counsel

THOP SO TTO

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 reeby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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407 621 4210

If amending Authorized Person(s) authorized to manage, enter the side, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member		Ţ	
Title	Name	Address	Type of Action
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in effective date is listed, the date must be specifice. If the date inserted in this block does imment's effective date on the Department record specifies a delayed effective day after the record is fill.	t of State's records.	statutory ning requires	ments, this date w	ill not be	listed a
March 14	2018	"			
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Signatives (THE PROPERTY OF STREET	representative of a member			

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