## L180000 46915

(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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J. LEGGETT MAR 29 2018

## **COVER LETTER**

TO: Registration Section Division of Corporati	ons	·	
SUBJECT: Dea	ls Thrif-	+ Store LLC	
č			
The enclosed Articles of America	lment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
•	Filigonia	Perez CInto	***************************************
	Deals TI	hrift Store Firm/Company	ЦС
	PO BOX	847 Address	···
	Indiantou	City/State and Zip Code 200 Z Sales @ G me o be used for future annual report in	ail.com.
For further information concerni	*.*	• •	otification)
Filiannia	Perez	91(77 <del>2)</del> 26	3-1656
Name of Person	)	Area Code Dayı	ame Telephone Number
Enclosed is a check for the follo	wing amount:		
S25.00 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 A. Registration S Division of Ce P.O. Box 6327 Tallahassee, F	ection orporations 7	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now: Florida Limited Liability Com	appears on our records )	
(A	Florida Limited Liability Com	pany)	
The Articles of Organization for this Limited Liab Florida document numberL_180000 L		on 02 21 20	18 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability compa	ny here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company.	"the designation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicab	ole: P.	0 Box 14'	87
(Principal office address MUST BE A STREET	ADDRESS) T	indiantown,	PL 34956
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office addre	O. Box 143 ndiantown, F	
Name of New Registered Agent:	Rodolfo	Gomez-Sali	es
New Registered Office Address:	P. O. Box	1487 er Florida street address	
	City	. Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete performan wed agent as provided fo	ve of my duties, and am r in Chapter 605 A.S. Or	familiar with and this document is

Page 1 of 3

nging Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR<sup>t</sup>= Manager AMBR = Authorized Member

<u>Title</u>	Name		Address			Type of Action
MERH	Rodolfo G	omez-So	ales	P.O. Box	847	Add
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f an effective date is list <b>Note:</b> If the date ins	ther than the date of ted, the date must be spected in this block do added on the Department	of filing:	unnot be prior	3 20 2 to date of filirable statutor	2018'	opt	ional)	Jant to	<b>ندہ</b>  605.020
he record specifie	es a delayed effe fter the record is		te, but no	t an effect	tive time,	at 12:01	a.m. on th	ne ea	rlier o
The 90th day a	irch 20	·	2018	<del></del> ·					

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Filing Fee: \$25.00