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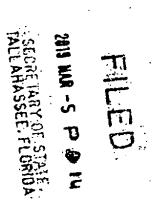
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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NAR 14 2019 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corpor			
Subject. M)	STORE 4E VER	·11c	•
subject:M	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	ROSE LAINE	HARTMANN Name of Person	<u>\</u>
		, sume of reison	
		Firm/Company	
	6965 PIAZZ	CA GRANDE Address	AVE SUITE 209
	ORLANDO	FL 32835 City/State and Zip Code	
-	E-mail address: (10	o be used for future annual rep	port notification)
For further information conc	erning this matter, please ca	11:	
ROSELAINE Name of Pe	rson	at (<u>407</u>)	88 1 - 3602 Daytime Telephone Number
Enclosed is a check for the f	_		
	□ \$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

STORE 4 EVER LLC

ame of the Limited Liability Company as it now appears on our records

-5 The Articles of Organization for this Limited Liability Company were filed on Florida document number 1,180000 48533. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 new registered agent and/or the new registered office address here: ROSELAINE HARTMANN Name of New Registered Agent: 7618 PERSIAN CT

Enter Florida street address

ORLANDO Florida 32819

City Zip Code New Registered Office 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.

f 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u></u>		
			□ Remove
			Change
			
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an effe <u>ote:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated_	February 26th . 2013.
	Signature of a member of authorized representative of a member
	\mathbf{v} \mathbf{v} \mathbf{v}

Page 3 of 3

Filing Fee: \$25.00