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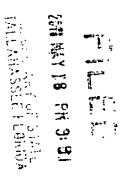
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## **COVER LETTER**

Division of Corporations	
SUBJECT: 200 MPH STORE LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Hector Brando Name of Person	
Firm/Company	
2828 Michigan AVE STEIDY	
Missimmel, Fl 34744 City/State and Zip Code	
Fernand Ovandom @ Yanto Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Hector Avando at (407) 818 - Colo Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$certificate of Status \$\Bigcup \$certificate	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

TO:

Registration Section

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

Registration Section Division of Corporations

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 WMPH STO	RELLC				
( <u>Name of the Limited Liabilit</u> (A Florida	<ul> <li>Company as it now appears of Limited Liability Company)</li> </ul>	on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 4	27/2018		and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here	<b>:</b> :			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desi	gnation "LEC" or th	ne abbrevi	ation "I.	L.C."
Enter new principal offices address, if applicable:			<u> </u>	257	## : D
(Principal office address MUST BE A STREET ADDR	ESS)		2.5	3	\$ <u>}</u>
				<del></del>	<u> </u>
Enter new mailing address, if applicable:					,
(Mailing address MAY BE A POST OFFICE BOX)				<u>er</u>	· ——
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>en</u>	ter the	name	of the nev
Name of New Registered Agent:					
New Registered Office Address:	-				<del></del>
	Enter Floride	i street address			
	City	Florida		ip Code	
New Degistered Agent's Signature if shougher Degistered				-	

## 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.

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
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Filing Fee: \$25.00