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fa:

Division of Corporations

Fair Number : (832)617-6383

from:

Account Name : : TAYLIAF, CCM INC

Account Number : 120140000284 Phone

: (305)527-6517 Boon : (788)712 1943 Pair Number

\*\*Enter the email address for this business entity to be used for fotune annual redorm mallings, force only now email address please \*\*

Emuil Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

19 STORE USA, LLC			
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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9 STORE U	\$4 LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 05/22/2018	_ and assigned
Florida document number L18000127430		
This amendment is submitted to amend the following:		
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 abbo	eviation "L.I. C."
Enter new principal offices address, if applicable:	20855 NE 16TH AVENUE, SUITE C37	-n
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33179	1.
Enter new mailing address, if applicable:	20855 NE 16TH AVENUE, SUITE C37	<del>-:.</del> O
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33179	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name	of the new regist
New Registered Office Address:	C - 17 - 1 - 1 - 1	
	Enter Florida street address	
M-1 MARTINI (MARTINI MARTINI M	, Florida	
	City	Zip Code

#### 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 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
MGR	VIEIRA PEREIRA, WILQUISOM C	20855 NE 16TH AVENUE, SUITE C37	□Add
		MIAMI, FL 33179	[]Remove
MGR	GOMES VIEIRA, ERIKA C	20855 NE 16TH AVENUE, SUITE C37	JAdd
		MIAMI, FL 33179	□Remove
			Change
MGR	GOMES DA COSTA JUNIOR, PAULO	20855 NE 16TH AVENUE, SUITE C37	JAdd
		MIAMI, FL 33179	□Remove
			<b>≣</b> Change
MGR	COLONDO VIEIRA PEREIRA FILHO, WILQUISOM	20855 NE 16TH AVENUE, SUITE C37	□Add
		MIAMI, FL 33179	□Remove
			■Change
			□Add
			□Remove
			□ Change
			□Add
			Remove

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			<del></del>
			<del></del>
E. Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	specific and cannot be prior to date does not meet the applicable s	e of filing or more than 90 day tatutory filing requiremen	
If the record specifies a delayed effective dat record is filed.	e, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated	2023	Man	
Sign	ature of a member or authorized	representative of a member	

Typed or printed name of signee