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## **COVER LETTER**

	CORNER STORE LLC		
SUBJECT:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	RICHARD K WILFORD		
	AMBASSADORS TAX &	Name of Person E FINANCIAL SERVICES LLC	···
	3001 SW COLLEGE ROA	Firm/Company AD PMB NO 40	
	OCALA, FL 34474-4415	Address	<del></del>
	richardwilford60@gmail.co		
For further informatio	E-mail address: ( n concerning this matter, please c	to be used for future annual report notifall:	ication)
RICHARD K WILFO	RD	352 812-0949	
Nam	e of Person	at ()	Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 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 ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FIRST CORNER STORE LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/19/2019}{\text{Corida document number}}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable:	5540 NW 40TH LOOP	2019 OCT
Mailing address MAY BE A POST OFFICE BOX)	OCALA FL 34482	
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		ds, enter the F ne of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	City .	FloridaZip Code

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
MGR	AARON FRANCK	19115 NW212TH ST HIGH SPRINGS FL 321643	
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E. Effect	10/26/2019 ive date, if other than the date of filing:
(If an eff Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
f the red b) The	cord 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.
Dated	OCTOBER 26 2019
Duitu	- Riefaux K Will
	Signature of Amember or authorized representative of a member
	RICHARD K WILFORD

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Typed or printed name of signee

Filing Fee: \$25.00