

(Requestor's Name)
(Address)
(1.00.000)
(Address)
(City/State/Zip/Phone #)
(ON)/OURIOZION NOTICEN
PICK-UP WAIT MAIL
(Duningan Fathy Marray)
(Business Entity Name)
(Document Number)
Contilled Contact Contilled to of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opesial mediations to raining amount

Office Use Only



400337309344

11/25/19--01028--002 **a5.00



Y SULKER
DEC 3 0 2019

COVER LETTER

SHOP SMART LLC SUBJECT: 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: REKHA PEDNEKAR Name of Person ACCOUNTING ADVANTAGE Firm/Company 3898 VIA POINCIANA, STE 15 Address LAKE WORTH, FL 33467 City/State and Zip Code RPEDNEKAR@AACPAUSA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: REKHA PEDNEKAR Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SHOP SMART LLC		
(Name of the Limite	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	*·*·*
The Articles of Organization for this Limited Lia	ability Company were filed on	11/01/2019	and assigned
Florida document number L19000273910	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
NOT APPLICABLE			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the d	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able: NOT APPI	JCABLE	
(Principal office address MUST BE A STREE)	T ADDRESS)		
			20
Enter new mailing address, if applicable:	NOT APP	LICABLE	2019 159
(Mailing address MAY BE A POST OFFICE I	<u></u>		2)
B. If amending the registered agent and/o	<u> </u>	our records, <u>enter</u>	
registered agent and/or the new registered of	lice address here:		
Name of New Registered Agent:	NOT APPLICABLE		
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florida _	7. (.)
	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 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>	<u>Address</u>	Type of Action
VP	KABER YEASMIN	9716 VINEYARD CT	
			Add
		BOCA RATON, FL 33428	
			Remove
			☐ Change
			to change
	·		□ Add
			☐ Remove
			П.Съ
			Remove
			Channe
			Change
	·		
			Remove
			Change
			
			☐ Remove
			Ch
			□ Change
			□ Remove
			- ~:
			Change

	 _ _
	_ _ _
	_
	_
	_
	_
	_
	_
	_
	_
	_
	-
	-
11/01/2019	
ffective date, if other than the date of filing:)5,0207 sted as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl The 90th day after the record is filed.	lier of
ated	
Signature of a member or authorized representative of a member ANTIT K DEY Typed or printed name of signee	
Signature of a member or authorized representative of a member	
RANTIT K DEY	