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Distiler of Corporations Facilities . [650]617-6163 Account Name : Indistributions and its list Account Names : Indistribution in list in list where : (34) Miles 626 | San Names : (34) Jack 626 | ""feron the seall address for this buildess eatily to be used for future assuming report sellings, (even only one small address please,"

LLC AMNORISTATE/CORRECT OR MEMIGRESIGN SHOP JON LLC

| Contilicate of Status | • |
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| Certified Copy | , |
| Page Court | H |
| I sturred Charge | \$25.00 |

Hearons Filing Menu — Corporate Filing Menu Help

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COVER LETTER

From: +15612646286

| TO: Registration Se Division of Cor | ection porations | | * \$ | | |
|---|--|---|---|--|--|
| | SHO | P JOM LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | P.A | ABLO E GOYENECHEA | | | |
| | | Name of Person | | | |
| | TUCO | NTADORENMIAMLCOM LI | .C | | |
| | Firm/Company | | | | |
| | 601 1 | HERITAGE DRIVE, SUITE 4 | 61 | | |
| | | Address | | | |
| | | JUPITER, FL 33458 | | | |
| | City/State and Zip Code | | | | |
| | | TUCONTADORENMIAMI.C | | | |
| | | to be used for future annual repor | t notification) | | |
| For further information c | concerning this matter, please c | all: | | | |
| PABLO E G | OYENECHEA | 305 at () | 520-9343 | | |
| Name o | of Person | Area Code Da | ytime Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional cupy is enclosed) | | |
| Mailing Address Registration : Division of C P.O. Box 632 | Section Corporations | | | | |
| Tallahassee, | FL 32314 | 2415 N. Mo Tallahassee | onroe Street, Suite 810 FL 32303 | | |

From: +15612646286

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SHOP JOM LL | C | | |
|---|---|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on o pility Company) | our records.) | _ |
| The Articles of Organization for this Limited Liability Company we Florida document number | ere filed on | 12/27/2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabilit | v company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designa | ation "LLC" or the abb | eviation "L.L.C." |
| 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 adagent and/or the new registered office address here: Name of New Registered Agent: | dress on our record | ds, enter the name | of the new registered |
| | | [] | |
| New Registered Office Address: | Enter Floridu st | reet address | 23 EU |
| *************************************** | City | | Zi ode 🐨 |
| New Registered Agent's Signature, if changing Registered Agent: | | | \$\$ |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my ovided for in Chap | city. I further <mark>a</mark> gre duties, and I am fa ter 605, F.S. Or, i | e tecomply with the miliar with and this document is |

<u></u> 4 of 5

From: +15612646286

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 | BORBOROGLU, ERICK G | 1408 NW 126 Ave, SUNRISE, FL 33323 | ≣ Add |
| | | | □Remove |
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| . II amenum | g any other information. | | | eets, ij necessary:) | |
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| Note: If the | ate, if other than the date date is listed, the date must be see date inserted in this block d effective date on the Depart | loes not meet the applicab | date of filing or more than le statutory filing requi | (optional) 90 days after filing.) Pursuant rements, this date will not b | to 605.0207 (e listed as ti |
| he record spec ord is filed. | cifies a delayed effective date | e, but not an effective time | e, at 12:01 a.m. on the o | arlier of: (b) The 90th day | after the |
| Dated | April 22 nd | . 2021 | | | |
| | | Uualdo Saui | tiago Abreu | | |
| _ | Signa | ature of a member or authoriz | | mher | _ |
| | | more or a memori of author. | ica representative or a me | moci | |