120000019769

(Re	equestor's Name)	. <u></u>
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800340358268

02/07/20--01005--006 **25.00

PILEU
2020 FEB -7 PM 1: 57

Mund

MAR O A 2020 I ALBRITTON

COVER LETTER

Division of Corp	porations		3
SUBJECT: A 4	ouch OF L Name of Lim	ove thrift	Store, LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Melid	Name of Person	5
		Firm/Company	
	400 N	Pine Hills Ro	1 # 110
	Olando	FL 30811 City/State and Zip Code	
	Melida (E-mail address: (iggin 5 @ ame	cicl com
For further information co	neerning this matter, please c	all;	
Melida Fic	SSin S Person	at (407) 442 Area Code Dayting	o - 0005 OR 407 -683 -0352 e Telephone Number
Enclosed is a check for the	e following amount:		
立 \$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:

Registration Section

TO:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A touch of Lov	e thrift stone, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000019 ∓69</u> .	were filed on 113 2000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	200 FEB
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 AM8R = Authorized Member

Title	Name	Address	Type of Action
MGR	Lettman, Faith	2119 Dange Center Blue	<u></u> □Add
		orlando FC 32805	ŒRemove
			□Change
M6R	Figgins, Melida	400 N Pine Hills Rd	10 DAG
		Olando FC 32811	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

		
_		
		- · · · · ·
		<u></u>
		, .
		 _
an effect ote: If	ctive date, if other than the date of filing:	ant to 605.0207 of be listed as t
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ed.	day after the
ated	•	
	10/ 1:1	
	Signature of a member or authorized representative of a member	