## LRC CCC 21235

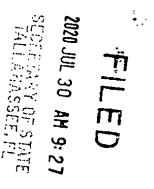
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
Marcie Vai	riety Shop LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
riease return aii correspo	ondence concerning this matter	to the tonowing.	
	Maricienne Volcy		
	<del></del>	Name of Person	
		Firm/Company	<u></u>
	374 SW Log DR		
		Address	
	Dura at Lucia Ul 2 1052		
	Port st Lucie, Fl 34953		
	Volcy5@aol.com	City/State and Zip Code	
	· ·	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Maricienne Volcy		772 323-4435	
Name of Person		at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of	Tallahassee oe Street, Suite 810
rananassee.	<b>エレジムフ L™</b>	49 10 IN. WIUHU	ic oncer jain 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan		a orde )
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	vorus.)
The Articles of Organization for this Limited Liability Company v Florida document number L20000021235	vere filed on 01/14/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "!	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 SEC Tra
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<u></u>	<u> </u>
Enter new mailing address, if applicable:		Section 3
(Mailing address MAY BE A POST OFFICE BOX)		9 2
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:  Name of New Registered Agent:	ldress on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:	Enter Florida street ada	dress
		Florida
	City	Zip Code
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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60	, and I am familiar with and 05. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maricienne Volcy	374 sw Log Drive Port St Lucie	■Add
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			□Change
			□Add
			☐ ☐ Remove
			20 Hange F LED  20 AM 9Remove  Change  Change  Change
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(If an effective date Note: If the da	, if other than the date of a is listed, the date must be spette inserted in this block docective date on the Department	eific and cannot be prior es not meet the applic	able statutory filing re-	han 90 days after tili	ing.) Pursuant to 6	05.0207 (. sted as th
the record specific ford is filed.	es a delayed effective date.	but not an effective ti	me, at 12:01 a.m. on t	ne earlier of: (b)	The 90th day at	ter the
	ulia 28	2020	<del></del> .			
Dated	10 0	, <i>I</i> ,	/			
Dated	My 28  Mayar  Maria une	end gl	orized representative of a	member		

Filing Fee: \$25.00