LZO 000/4Z670

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Se Division of Cor		,	age r			
· SHOP ALEMO LLC		e e e e e e e e e e e e e e e e e e e				
SUBJECT: Name of Limited 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:				
	Moises Truzman					
		Name of Person	······			
		Firm/Company				
	681 NE 191 St					
	-	Address				
	Miami, FL 33179					
		City/State and Zip Code				
	shopalemo@gmail.com					
For further information of	oncerning this matter, please c	to be used for future annual report not all:	meanon)			
Moises Truzman		786 2130759				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	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 Section		Street Address: Registration Se	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOP ALEMO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{05/26/2020}{1}$	and assigned	
Florida document number L20000142670		ن. ن ن	
This amendment is submitted to amend the following	ing:	-	
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designatio	n "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address h	istered office address on our records, nere:	enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	, Florida		
	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 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
AP	Moises Truzman	681 NE 191 St	🗀 Add
		Miami FL 33179	■Remove
			Change
MGR Moises Truzman	Moises Truzman	681 NE 191 St	\exists Add
		Miami FL 33179	□Remove
			☐ Change
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: $\frac{06/11/2020}{}$ __ (optional) (If an effective 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ______ 2020 Signature of a member or authorized representative of a member Moises Truzman Typed or printed name of signee