# L20 000197354

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### **COVER LETTER**

Division of Corporations
SUBJECT: Pen e 10. Pe LLC  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:
Mery Touchard Tellez Name of Person
Pene Lope LLC
9001 OUT JOUK YOCK trl
Winder Ware FL 34786 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mery Toward Tellez at 103 559 - 4834  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee &  □ \$60.00 Filing Fee   □ \$60.00 Filing Fee

Registration Section

TO:

Mailing Address:
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 Florida Limited Liability Company)

imited Liability/Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company of Florida document number 1 2000 1973.5 4	were filed on $\frac{4}{12}$ $\frac{10}{10}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  Ship a Couture  The new name must be distinguishable and contain the words "Limited Liability".	LLC.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	100 Seabreeze blud Daytona Beach, FL 32118 #211
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 292 Daytona Beach, FL 32115
B. If amending the registered agent and/or registered office adaptated agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  Day two	y Touchard Tellez  where blud, #211  Enter Florida street address  1 Bluch Florida 3218  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	

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>	Name	Address	Type of Action
Ma	<del></del>		□Add
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
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			Change
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. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: I	re date, if other than the date of filing:  (optional)  ctive 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) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
f the record ecord is file	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 d.
Dated _	4/22/2022 MUNDA
	Signature of a member of authorized top resentative of a member    Ment   Topodor printed name of signee   Topodor   Teller

Filing Fee: \$25.00