## LZ0 000 220360

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## COVER LETTER

TO:

FO: Registration Division of C			
Merchan	dise Mini Mall LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
	pondence concerning this matter	-	
	Dale Hansen		
		Name of Person	
	Merchandise Mini Mall LL	С	
		Firm/Company	
	25010 Pine Hill		
		Address	<del></del>
	Leesburg, FL 34748		
	dale@merchandiseminimall	City/State and Zip Code	
	<del></del>	o be used for future annual report notifi	ication)
For further information	a concerning this matter, please ca	all:	
Dale Hansen		815 666-9087	
Nam	e of Person		Telephone Number
Enclosed is a check fo	the 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroo Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Merchandise Mini Mall LLC

(Name of the Limited Liab (A Flori	bility Company as it rida Limited Liability	now appears on our rec Company)	ords.)+ U
The Articles of Organization for this Limited Liability Florida document number L20000220360.	y Company were t	iled on 7/31/2020	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the lin	imited liability co	mpany here:	
The new name must be distinguishable and contain the words "L	imited Liability Con	pany," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADL	DRESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
(Mulling audress MAT BL ATOST OFFICE BOX)			
			- H
B. If amending the registered agent and/or register agent and/or the new registered office address here		s on our records, <u>en</u>	ter the name of the new registered
	_		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.		Enter Florida street ad	dress
			Florida
<del></del>	Ci	ir.	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete perfoil agent as provid ered office addre	mance of my duties ed for in Chapter 60	, and I am familiar with and )5, F.S. Or, if this document is

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>	<u>Name</u>	Address 2029 AUG 17 AN 10: 40	Type of Action
MGR	Dale Hansen	25010 Pine Hill Leesburg, FL 34748	
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			□Add
			□Remove
			Change
			🗆 Add
			□Remove
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			□Change

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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	at be specific and cannot be prior ock does not meet the application.	able statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	) 605.02 : listed
ord specifies a delayed effectiv filed.	e date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after tl
d August 12	2020	<u> </u>		
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