## 420000242589

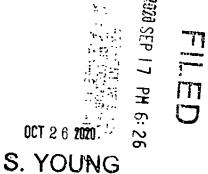
| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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## **COVER LETTER**

| то:            | Registration Sec<br>Division of Corp |  |   |  |
|----------------|--------------------------------------|--|---|--|
| ~              |                                      | Y ELETRONICS STORE LLC                       | •<br>•  |  |
| SUBJEC         | 21:                                  | Name of Limite                               | d Liability Company   |  |
| The anal       | and Articles of                      | Amendment and fee(s) are subm                | itted for filing  |  |
|                |                                      | ndence concerning this matter to             |   |  |
| ricase ic      | dum an correspon                     | ndence concerning and matter to              | , the following.  |  |
|                |                                      | JEAN EDZAIRE MAXY                            |   |  |
|                |                                      | <del></del>                                  | Name of Person  | <del></del>  |
|                |                                      | N/A  |   |  |
|                |                                      | <del></del>                                  | Firm/Company  | <del></del>  |
|                |                                      | 1730 NW 132ND ST                             |   |  |
|                |                                      |  | Address   | · · · ·  |
|                |                                      | MIAMI FL 33167                               |   |  |
|                |                                      |  | City/State and Zip Code   | <u>-</u>   |
|                |                                      | JEANEDZAIREMAXY@G                            | MAIL.COM  be used for future annual report notific                  | ation  |
| Con final      | uur information a                    | oncerning this matter, please cal            |   | uccony   |
|                |                                      | ·  |   |  |
| JEAN I         | EDZAIRE MAXY                         |  | at () 4371893   |  |
|                | Name o                               | f Person                                     | Area Code Daytime   | Felephone Number   |
| Enclose        | d is a check for th                  | ne following amount:                         |   |  |
| □ <b>\$</b> 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 Addres                       |  | Street Address:<br>Registration Sect                                | ion  |

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

딾

| JEAN MAXY ELETRONICS STO  | RE LLC  |   | ecords.) S                           |
|---|---|---|--------------------------------------|
| (Name of the Limite   | d Liability Compa<br>A Florida Limited I      | ny as it now appears on our r<br>Liability Company) | ecords.)                             |
| The Articles of Organization for this Limited List<br>Florida document number 1.20000242589 | ability Company                               | were filed on AUGUST 1                              | 1, 2020 and assigned                 |
| This amendment is submitted to amend the follo  | wing:   |   | 27                                   |
| A. If amending name, enter the new name of  | the limited liab                              | ility company here:                                 |                                      |
| JEAN MAXY ELETRONICS STORE LLC  |   |   |                                      |
| The new name must be distinguishable and contain the wa                                     | ords "Limited Liabi"                          | lity Company," the designation                      | "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if application   | new principal offices address, if applicable: |   |                                      |
| (Principal office address MUST BE A STREET ADDRESS)   |   | MIAMI FL 33167                                      |                                      |
| Enter new mailing address, if applicable:   | 2010  | N/A   |                                      |
| (Mailing address MAY BE A POST OFFICE I   | <u>80X)</u>                                   |   |                                      |
| B. If amending the registered agent and/or ragent and/or the new registered office addres   |   | address on our records, <u>s</u>                    | enter the name of the new registered |
| Name of New Registered Agent:   | JEAN EDZAII                                   | RE MAXY   |                                      |
| New Registered Office Address:  | 1730 NW 1321                                  | ND ST   |                                      |
|   |   | Enter Florida street                                | address                              |
|   | MIAMI   |   | 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 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                         | Type of Action |
|--------------|-------------------|---------------------------------|----------------|
| MGR          | JEAN EDZAIRE MAXY | 1730 NW 132ND ST MIAMI FL 33167 | ≅Add           |
|              |                   |                                 | □Remove        |
|              |                   |                                 |                |
|              |                   |                                 | □Add           |
|              |                   |                                 | □Remove        |
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| ffective date, if other than the date an effective date is listed, the date must be some lift the date inserted in this block ocument's effective date on the Department. | e specific and cannot be pr<br>k does not meet the app | licable statutory filir |                        | ling.) Pursuant to 605.0207 ( |
| record specifies a delayed effective of is filed.   | late, but not an effective                             | e time, at 12:01 a.m.   | on the earlier of: (b) | The 90th day after the        |
| ated September 12   | 2020   | ·                       |                        |                               |
|   | N  |                         |                        |                               |
| $\mathcal{M}$   |  |                         |                        |                               |
| Si  | gnatury of a member or au                              | thorized representative | e of a member          |                               |

Filing Fee: \$25.00