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(Document Number)	_
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## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations				
SUBJECT:	SHOPTET	E LLC				
SOBJEC,1:		Name of Lim	ited Liability Company			
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.			
			-			
r icase retuir	ran correspo	muchee concerning this matter	to the following:			
		Trevor K. Brewer, Esq.				
			Name of Person			
		BrewerLong PLLC				
			Firm/Company			
		620 N Wymore Rd, Ste 27	Name of Person  Firm/Company  Address  City/State and Zip Code  (to be used for future annual report notification)			
		Madella III. da. 2005.				
		Maitland, Florida 32751				
		tbrewer@brewerlong.com	City/State and Zip Code			
			to be used for future annual report	notification)		
For further in	nformation c	oncerning this matter, please c	·			
Trevor K. B	rewer, Esq.					
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is a	ı check for tl	ne following amount:				
■ \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
	iling Addres					
	gistration S vision of C	Section forporations	-			
P.C	). Box 632	.7	The Centre o	f Tallahassee		
Tal	Hahassee, I	FL 32314	2415 N. Mor	roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOPTETE LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our recorda Elmited Liability Company)	ords.)
The Articles of Organization for this Limited Liabili	ity Company were filed on 10/07/2020	and assigned I
Florida document number 1.20000318072		
This amendment is submitted to amend the followin	g:	19
A. If amending name, enter the new name of the	limited liability company here:	
SHOPPAIGN LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	dress
_		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>	Name	Address	Type of Action
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		<del></del>	□Remove
			Change
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Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	specific and cam does not meet	not be prior to o the applicabl	date of filing or n	iore than 90 days.	after filing.) Pursua	nt to 605,0207 t be listed as
record specifies a delayed effective da is filed.	ite, but not an e	effective time	, at 12:01 a.m.	on the earlier o	f: (b) The 90th c	lay after the
und 10/19/20		4:00				
uted 10/19/20 Chustophu J. Corman. Sig						

Filing Fee: \$25.00