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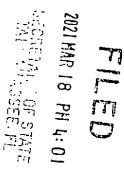
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Sec Division of Corp | | | | | |
|---|--------------------------------------|---|--|-----------------|----------------------|------------------------|
| a | | THE LLC TO SOLE | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | | |
| The enclo | sed Articles of A | anendment and fee(s) are sub | mitted for filing. | | | |
| Please ret | urn all correspon | dence concerning this matter | to the following: | | | |
| | | JEAN FRANTZ BONHEU | JR | | | |
| | | | Name of Person | | | |
| | | AMERICANSHOP2020 L | LC | | 20 | |
| | | | Firm/Company | | 21 4 | -93 |
| | | 123 EDGEWATER CIR | | | AR - | جوديم غ معددت ال |
| | | | Address | | ., ω | |
| | | SANFORD.FL 32773 | | | 2021 HAR 18 PM 4: 01 | |
| | | | City/State and Zip Code | - | | |
| | | ALIYANABEATRIZ25@C | | | rn | |
| | | | to be used for future annual report notifica | ition) | | |
| For furthe | er information co | ncerning this matter, please ca | all: | | | |
| JEAN FR | ANTZ BONHE | JR | 407 4088904 at () | | | |
| · | Name of I | Person | | clephone Number | | |
| Enclosed | is a check for the | following amount: | | | | |
| □ \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | c of Status & | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AMERICANSHOP2020 LLC | | |
|--|---|---------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L21000022449</u> | npany were filed on NOVEMBER 2020 | and assigned |
| riorida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| jerry'store lle | | -1 |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviation EL.C." |
| Enter new principal offices address, if applicable: | | 3 T |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 77 0 |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>га</u> |
| | | |
| | | |
| B. If amending the registered agent and/or registered of | ffice address on our records, <u>enter the n</u> | ame of the new registered |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| N. D. I., 100° A11 | | |
| New Registered Office Address: | Enter Florida street address | |
| | DI 11 | |
| | , Florida | 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> | Name | Address | Type of Action |
|--------------|---------------------|--------------------------------------|-----------------|
| MGR | JEAN FRANTZ BONHEUR | 13300 MEERGATE CIR, ORLANDO FL 32837 | ■Add |
| | | | □Remove |
| | | | DChange |
| AMBR | JUNIOR PIERRE | | □Add |
| | | 2424 LAREDO DR ,DELTONA FL 32738 | ■B emove |
| | | : i ? | DGnange T |
| AMBR | | | OD T |
| | | JOCINEIDE XAVIER DOS SANTOS | Remove |
| | | | □ □ Change |
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| DID NO | T WANT TO INV | EST TOGETH | HER ,THEY | ONLY LEAV | ED ALONG . (| CHANGE UN | NDER S 60 |)5.0114 |
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| OR COR | RECTION UNDE | R ARTICLES | S 605.0209. | | · · · · · · · · · · · · · · · · · · · | ,, | | |
| PLEASE | ACCEPT MY AI | MENDMENT | OF THE BE | ST REGARD | | | | |
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| ctive date | , if other than the | e date of filin | ig: d cannot be pi | ior to date of fili | ng or more than 9 | (option | al) ing.) Pursua | ınt to 605. |
| 👱 If the da | te inserted in this bective date on the I | lock does not | meet the app | dicable statuto | | | | |
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| ord specific filed. | es a delayed effecti | ve date, but no | t an effectiv | e time, at 12:0 | l a.m. on the ea | rlier of: (b) | The 90th | day after |
| d | 03/17 | | 2021 | ·~. | | | | |
| | | ~ | | () | | | | |

Typed or printed name of signee