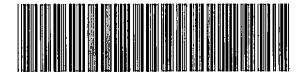
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(Requestor's Name)
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Composition

COVER LETTER

TO:

TO: Registration So Division of Co			
	NEIGHBOURHOOD STORE	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VINCENT PHILIP		
		Name of Person	
	SUNOCO NEIGHBOURI	HOOD STORE LLC	
		Firm ² Company	
	25546 STATE ROAD 46		202
		Address	2021 APR
	SORRENTO, FL 32776		
		City/State and Zip Code	
	sorrentonstore@gmail.con		ication)
For further information of	E-mail address: (concerning this matter, please c	(to be used for future annual report notit call)	ication)
VINCENT PHILIP	the control of the co	407 376 8442	
Name c	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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, Cortificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp	porations
r.O. Box 65. Tallahassee,		The Centre of T 2415 N. Monroe	allanassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNOCO NEIGHBORHOOD STORE		
(Name of the Limited L (A F	iability Company as it now appears on our records. lorida Limited Liability Company))
The Articles of Organization for this Limited Liabil		and assigned
Florida document number 1.21000065161		
This amendment is submitted to amend the following	iĝ:	
A. If amending name, enter the new name of the	limited liability company here:	
SUNOCO NEIGHBOURHOOD STORE LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviations "L.L.C."
Enter new principal offices address, if applicable	:	23
Principal office address MUST BE A STREET A	DDRESS)	7) are
	· · · · · · · · · · · · · · · · · · ·	On 1
		PR
Enter new mailing address, if applicable:		1727 5
Mailing address MAY BE A POST OFFICE BON	0	기세인
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ie name of the new register
	 -	
Name of New Registered Agent:		
Nove Designant Office Address		
New Registered Office Address:	Enter Florida street uidress	
	121	LA.s
_	, Fior	ida

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 A	gent. Signature of New Ro	gistered 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
			□Add
			□Remove
			☐ Change
			□Add
			Remove Change Change Change Change Change
			- CI □Remove
			□Change
			□Add
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ective date, if other than reffective date is listed, the date			or to date of film	g or more than 9	(optional) days after filing	.) Pursua	ant to 605.0
<u>te:</u> If the date inserted in thi tument's effective date on th	s block does not	meet the appli	cable statutor				
cord specifies a delayed effe s filed.	ctive date, but no	t an effective (time, at 12:01	a.m. on the car	lier of: (b) Th	ie 90th	day after t
ed APRII, 12		2021	,				
		iant ph					

Filing Fee: \$25.00

Typed or printed name of signee