

L21000083565

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

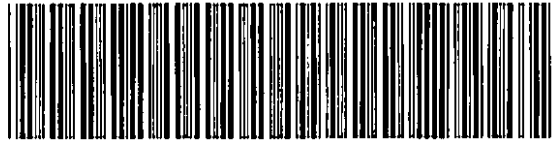
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/25/21--01012--021 ++25.00

2021 MAY 25 PM 2:34  
TOLSON, J. EDGAR

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GS SHOP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMAAN JANDRI

Name of Person

GS SHOP LLC

Firm/Company

2637 PALESTA DR

Address

TRINITY, FL 34655

City/State and Zip Code

siryoyto@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMAAN JANDRI

727 203-0540  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

WE NEED TO CHANGE THE OWNERS TITLES TO BE AS FOLLOWS:

MARAH ASLAN (Authorized Member) INSTEAD OF (President)

SAMAAN JANDRI (Authorized Member) INSTEAD OF (Vice President)

TO FOLLOW THE IRS RULES AND REGULATIONS IN REGARD TO THE COMPANY'S LEGAL  
STRUCTURE AS AN LLC

2021 MAY 25 PM 2:34  
RECEIVED  
CLERK OF SUPERIOR COURT  
COUNTY OF ALBANY

**E. Effective date, if other than the date of filing: 02/18/2021 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 19TH 2021

Signature of a member or authorized representative of a member

MARAH ASLAN

Typed or printed name of signee

FLAME SMOKE SHOP  
4215 LITTLE RD  
NEW PORT RICHEY, FL 34655

198  
63-8413/2670

PAY TO THE ORDER OF Florida Department of State DATE 5/20/2021 \$ 25.00

Twenty five 00 CHASE 100 DOLLARS

FOR Amendment

Elsy A. Miller

⑆000198⑆ ⑆267084131⑆

623195556⑆