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(Re	questor's Name)	
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SUBJECT: In	Your Corner	- 1.1.	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Shar	Name of Person	
	ユヘ	How Corner Lu Firm/Company	<u>C</u>
	1691 For	~ PI St PMB Address	1005
	West Palm	Beach F1 33 City/State and Zip Code	101
	HCorrection E-mail address: (1	egranic Com	fication)
For further information con	cerning this matter, please ca	all:	
Shamala Name of P	Herry	at (<u>561</u>) <u>412</u> Area Code Daytim	ETClephone Number
Enclosed is a check for the	following amount:		
IV \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se	ation	Street Address:	ation

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

Registration Section

Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

	Corner LLC
(<u>Name of the Limit</u>	(A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number 1210019	_
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "I
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	1691 Form DI street
(Mailing address MAY BE A POST OFFICE I	BOX) PINBIOUS
	Mest Palm Beach, Fu
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	Shamalei Henry
New Registered Office Address:	1691 Form PI Ste PHB 1005: 2
	West Palm Beach, Florida 33401
New Registered Agent's Signature, if changing R	Registered Agent:
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree to complete and complete performance of my duties, and I am familian with stered agent as provided for in Chapter 605, F.S. Or, if this document of the limited liability change. If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = A	anager uthorized Member		
Title	<u>Name</u>	Address	Турс
LYJE	Shamale, Ankle		□ #
		324 Island shores Dr. Greenalier, Pl 33413	
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APG War	Shamalei Henry	1691 Form PI Ste B PHB 1005 West Palm Beach, FL 33401	
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Note:	tive date, if other than the date of filing:
rd is f	
Dated	November 22 . 2022.
	Signature of a member or authorized representative of a member

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