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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LIDMAY STORE VENTULES LL C 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:
Widmay Charles Name of Person  Lidmay Store Ventures 12-C Firm/Company
817 BORDERS CIR APT 119
City/State and Zip Code  Charles Wid may 124 9 Yahoo Con  E-mail address://to be used for future annual report notification)
For further information concerning this matter, please call:
Widmey Charles at (1107) 242 - 06-66  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Bound Bright Bright Brown Certificate of Status & Certified Copy (additional copy is enclosed)    Solution   Solution
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LID may store ventures LLC	
LID May Store Ventures LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on  Florida document number	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	····
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the namagent and/or the new registered office address here</u> :	ne of the new registered
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
Enter Florida street address	20 三 : 1 7却Code
, Florida	= :1
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code
rich registeren agent 5 Signature, ii enanging Registeren 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 familtar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the 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 Title Name Address **Type of Action** AMBR Charles Wid may 817 Borders CIR Apt 119 Add
ORlando f/ 32808 DRemove **☑**Change Change MGR Churles Sulomon <u>Emmanuelie</u> 917-BORDERS CIR Apt 119 DREMOVE Oftando Fl 32808 □Remove ( )Change Add DAdd Remove . ☐Change \_ □Add Remove

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n effective date is listed, the date. If the date inserted in	this block does not i	meet the applicab	odate of filing or mo ole statutory filing	re than 90 days after he requirements, this o	iling.) Pursuant to date will not be	605.02 listed :
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* Mighty C	Signature of a	member or authori	zed representative of	of a member	·."	-
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