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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVERLETTER

TO:

Registration Section Division of Corporations

SUBJECT: Shoppers f			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Serg Arzanov	Name of Person	
		name of reason	
	Shoppers Paradise LLC	Firm/Company	
		7 min continuity	
	3707 NE 168th ST NMB	Address	
	North Miami Beach, FL 3.	3160 City/State and Zip Code	
	shoppersparadise305@gma E-mail address: (fication)
For further information c	oncerning this matter, please c	all:	
Serg Arzanov		at (786) 329-8941	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, I	TL 32314	2413 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

THE CEED OF THE COME.

TO ARTICLES OF ORGANIZATION OF

Shoppers Paradise LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000174089</u>	were filed on <u>4/14/2021</u>	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbre		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2	
	P	. 30	
		PH9	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u>,</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name o	f the new regist	
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fam rovided for in Chapter 605, F.S. Or, if t	iliar with and his document is	

If Changing Registered Agent, Signature of New Registered Agent

<u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
AMBR	Serg Arzanov	3707 NE 168 ST	■Add
		NMB, FL 33160	_ □Remove
			_ ⊟Change
			_ 🗆 Add
			_ □Remove
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			_ □Remove
			_ □Change

f am	ending any other informa	ition, enter cha	inge(s) here: (Attach	additional sheets	s, if necessary.)
	(hanging	Serg	Hrzanov	from	Mulhorized
	Changing hepresentative	to	AIMIRR	•	
	A) Chiesexiania		777.07		
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fect	ive date, if other than the	date of filing:			(ontional)
an ef	ive date, if other than the feetive date is listed, the date must	at be specific and ca	annot be prior to date of fil	ing or more than 90 d	lays after filing.) Pursuant to 6
	If the date inserted in this bluent's effective date on the D			ory filing requireme	ents, this date will not be li
		•			
men.	rd specifies a delayed effectiv	e date ibut not at	a effective time at 12:0	II a m. on the garlie	or of: (b) The 90th day of
is fi	iled.	e date, our not an	refrective time, at 12,0	Tain, on the carry	er or. (b) The 20th day th
ated	8/26/2021	,			
			Buch		
		Signature of a me	mber or authorized repres	entative of a member	· · · · · · · · · · · · · · · · · · ·
		<u>.</u>			
	Serg Azanov				
	12	T	vped or printed name of s	ignee	