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Division of Corporations

: (850)617-63#3

Account Name : PETER MATHISON LLC Account Number : IZEZ18090152 (305)520-9343 : (786)705-2040 Fax Number

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOPPING BRAKE LLC

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Help

COVER LETTER

10:	Division of Corp				
CHD III	cr.		NG BRAKE LLC		
SUBJE	ECT:Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		ŀ	FERNANDO VILLARREAL		
			Name of Person		
			PETER MATHISON LLC		
			Firm/Company		
	800 SE 4TH AVENUE, SUITE 139				
		I	HALLANDALE, FL 33009		
			City/State and Zip Code		
			@TUCONTADORENMIAM		
		E-mail address: (to be used for future annual repo	ort notification)	
For fur	ther information o	oncerning this matter, please c	ali:		
	FERNANDO V	/ILLARREAL	305 at ()	520-9343	
	Name o	f Person	Area Code I	Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:			
≡ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Addr		
Registration Section Division of Corporations P.O. Box 6327		Registration Division o	on Section f Corporations		
		The Centre of Tallahassee			
	Tallahassee, l	FL 32314		fonroe Street, Suite 810 e, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SHOPPING	G BRAKE LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comparison L21000215034	any were filed on	05/07/2021	and assigned
lorida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company her	<u>ee</u> :	
he new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice aduress on our re	corus, <u>enter the iia</u>	
Name of New Registered Agent:			
New Registered Office Address:			Sign on
New Registered Office Address.	Enter Flori	da street address	-1.3
		. Florida	105 H
	City		Zip Coder CD

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 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
MGR	SUCKO, NESTOR A	2990 SUMMER ISLES CT	□Add
		KISSIMMEE, FL 34746	≣Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			[]Change

	Sig	• •	uio Saltala aber or authorize	d representative	of a member	SLF FLOR	FILED FILED
Dated	SEPTEMBER 23RD		2021			元 第 27 27 20 4	1 0CT -!
If the record s record is filed	pecifics a delayed effective d	ate, but not an e	effective time,	at 12:01 a.m. o	n the earlier of: (b) The 90th day	after the
Note: If	date, if other than the dative date is listed, the date must be the date inserted in this block t's effective date on the Depa	does not meet	the applicable	nte of filing or neo statutory filing	(opti re than 90 days afte requirements, the	i onal) r filing.) Pursuant is date will not b	o 605.0207 (3 e listed as th
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Typed or printed name of signee