L21000254836

(Rec	questor's Name)	
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(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
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Special Instructions to F	Filing Officer	

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CORPORATE ACCESS, ____

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/25 **DANNY CERTIFIED COPY** $\mathbf{X}\mathbf{X}$ **PHOTOCOPY CUS** XXFILING LLC AMEND AMAZMART AUTOMATED LLC (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:**

COVER LETTER

TO: Registration Division of 6	n Section Corporations		
SUBJECT: Amaz	mart Automated IIc		
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
	spondence concerning this matte		
	Jason Bergeron	_	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Amazmart Automa		
		Firm/Company	
	12420 NW 81ST S	Ţ	
		Address	
	Parkland, FL 33076	5	
	•	City/State and Zip Code	
	jasonoahb@gmail.co	om	
For further information	concerning this matter, please c	(to be used for future annual report not	ification)
Jason Bergeron	of Person	at (561) 309-3484	4
, vanie	or reison	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
☑ S25.00 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 cupy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAINING 25 PHID Amazmart Automated lic (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/1/21 Florida document number L21000254836 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 abbreviation "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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Jason Bergeron	155 Las Brisas Cir, Hypoluxo, FL 3	
			☐ Remove
			Change
			D Add
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			□ Change
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			□ Remove
			Change

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E. Effecti (If an effe Note: docume	ve date, if other than the date of filing:
	oute on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	- 8/24/21 2021.
	(M)
	Signature of a member or authorized representative of a member John Mumone MBR Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00