## L21000293212

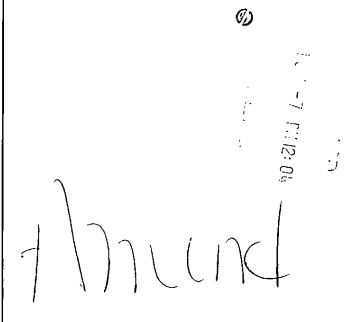
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUL 0 8 2021 I ALBRITTON

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/07/2021	•	*WALK IN**
ENTITY NAME Addison	ECOM LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy	
	Certified Copy Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI	ON	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
	ER FIM	
Please call Tina at the	e above number for any issues or concerns. <b>Thank you</b> so mu	ch!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

T(		73		
ARTICLES OF O		2		
OF	1			
Addison ECOM LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our r	records.)		
(A Florida Limited Li	ability Company)	(2)		
The Articles of Organization for this Limited Liability Company v	vere filed on <u>06/24/2021</u>	and assigned		
Florida document number 1.21000293212				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
A. If amending frame, circl the new hante of the france frame	ny company nerv.			
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		-		
	384 Stone Ridge Drive			
Enter new mailing address, if applicable:	Ponte Vedra Beach, FL 3	2081-6189		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records. <u>e</u>	nter the name of the new registered		
Name of New Registered Agent:				
		-		
New Registered Office Address:	Enter Florida street o	uddress		
, Florida				
	City	_, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dutic ovided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is		

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
			□Add
			□Remove
			□ Change
			□Remove
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Tective date, if other than the dan effective date is listed, the date must b	ate of filing:			(optional	)
n effective date is listed, the date must b ote: If the date inserted in this bloc	e specific and canno k does not meet th	t be prior to date : e applicable sta	of filing or more than stutory filing requi	n 90 days after filing Frements, this date	(a) Pursuant to 605,0207 will not be listed as
cument's effective date on the Dep	artment of State's	records.			
ecord specifies a delayed effective o	late, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b) T	he 90th day after the
is filed.					
July 7th	202	1			
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- Si	ال/ ر gnature of a membe	Jaden Addis	on opresentative of a me	ember	<del>.</del>
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Filing Fee: \$25.00