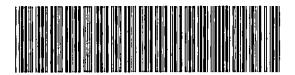
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## **COVER LETTER**

radditional copy is enclosed) Certified Copy	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following:  DIGIA RAMMING Name of Person  Stop-N-Shop Discont State UC  Finin/Company  Address  Address  City/State and Zip Code  Dialalaming C uchoo Com  E-mail address: (to be used for further information concerning this matter, please call:  DIGIA RAMMING  Name of Person  at ASU  Name of Person  at Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filling Fee  Certificate of Status  Certified Copy raddmonal copy is enclosed!  Certified Copy Certificate of Status  Certified Copy Certificate Of Status	JUNION TO THE TAIL OF THE STATE
DIGITAL RAMING  Name of Person  Stop-N-Shoo Discont Store UC  Firm/Company  Land Store UC  City/State and Zip Code  Dialcalamming Company  E-mail address: (to be used for future amoual report notification)  For further information concerning this matter, please call:  DIGITAL Paramong  Name of Person  at PSY, 798 TOTA  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee  Certificate of Status  Certified Copy  radditional copy is enclosed)  Certified Copy  Certificate Of Status  Certified Copy	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Firin/Company  WTA3 S WS HIGHWALL Address  For further information concerning this matter, please call:  DICI Canada Signature and a second please call:  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee S S30.00 Filing Fee & Certified Copy (Certified Copy (Certified Copy))  Cartified Copy (Certified Copy)  Cartified Copy (Certified Copy)  Cartified Copy (Certified Copy)  Certified Copy (Certified Copy)  Certified Copy (Certified Copy)  Certified Copy)	Please return all correspondence concerning this matter to the following:
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    DICI   Quantity   QSU   T98 T01     Name of Person   at QSU   Daytime Telephone Number	6723 5 VS Highway I
For further information concerning this matter, please call:    DICI   Quantity   at   95   79   8   70   70   70   70   70   70   70	Port St Wile Fl 34952 City/State and Zip Code
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X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$555.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy	DIGIO Person  at 954) 798 701  Area Code Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:
(additional copy is enclos	Certificate of Status Certified Copy Certificate of Status &

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

(	A Florida Limited Liability Co	mpany)	
The Articles of Organization for this Limited Liz		1 on 7/29/200	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	pany here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Compar	ny." the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	e . 3 d 
			<u> </u>
			رَه وَ
Enter new mailing address, if applicable:			**
(Mailing address MAY BE A POST OFFICE E	 BON)	<del>-</del>	
		717	
	-	-	
B. If amending the registered agent and/or reagent and/or the new registered office address		n our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	Diala (	2ahming	
New Registered Office Address:	3961 SW j	N+S+ lucc	,B1vd 119
	Port St 10	X Le Florida	3.4953 Zip Code
N			

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
ML	Orala Rahming	3961 Sw POH St lucie B	K Add
	J	PX+ 57 luie fl 34953	□Remove
			□Change
MOR	ROCK Stimphil	3961 SN POH St lucie Bluc	□Add
	·	Port St Ivia A 34953	<b>X</b> iRemove
			□Change
MGR_	odedra Scrivens	3961 SW POHSt livie B	M X vqq
		Pult St lucie pl 34953	∷ ⊡Remove
			Change
			(N) □ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
amending Signers adding Diala Kahming	
keeping Odedra Scrivens and Removing	
ROCK Stimphil.	
<u> </u>	
<u> </u>	
<u> </u>	
8/17/2021	
E. Effective date, if other than the date of filing: \( \) \(\) \( \) \\( \) \	i)(h) ie
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
Dated 8 17 . 2021.	
Signature of a member or authorized representative of a member	
Dia Rahming Typed or printed name of signee	

Filing Fee: \$25.00