LAICCC 3443CF

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number))
Certified Copies	Certificates	s of Status
Special Instructions to File	ing Officer:	

Office Use Only



600377847946

12/20/21--01017--020 **25.00



A. BUTLER

JAN - 5 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Killer Sloth Shoppe L	10
Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subn	itted for filing.
Please return all correspondence concerning this matter to	the following:
Amanda F	Name of Person
- Killer Slo	th Shoppe LLC Firm/Company
3881 42	Address
Naples F	lorida 34117 City/State and Zip Code
	oth shappe@gmail.com be used for future annual report notification)
For further information concerning this matter, please cal	ł:
Amanda P. White Name of Person	at (360) 8HQ 1016 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\$\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Revistration Section

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

Killer Stoth Shappe LLC 231 DEC 20 1 ille 20 (Name of the Limited Liability Company as it now appears on our records) DEC 20 1 ille 20 (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on August 01,202 and assigned
Florida document number <u>L21007344307</u>
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 "LLC."
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: 3881 42rd Ave Se Enter Florida street address
Naples Florida 34117 Zip Code
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
			□Add
			□Remove
			☐ Change
			□Add
		Remove	
		Change	
		□Add	
		□Remove	
		Change	
		□Add	
		□Remove	
		□Change	
	<u> </u>		
		□Remove	
		Change	
		□Add	
			Change

II ame	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note: I	tive date, if other than the date of filing:
he record ord is file	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 d.
Dated _	December 15th, 2021
	December 15th, 2021. Assultation Signature of a member or authorized representative of a member
	Amanda White

Filing Fee: \$25.00