12100034545454

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Pflone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
rolled her and left message				
no id win.				

Office Use Only



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September 22, 2021

GREAT STORE LLC 5108 BRITTANY DR S UNIT 503 ST. PETERSBURG, FL 33715

SUBJECT: GREAT STORE LLC Ref. Number: L21000345454

We have received your document for GREAT STORE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00022951

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co						
Great Sto	ore LLC					
		nited Liability Company				
	f Amendment and fee(s) are sub ondence concerning this matter					
	Pamela Morrill		·			
	Name of Person					
	Great Store LLC					
Firm/Company						
	5103 Brittany Dr S Unit 503					
		Address				
	St Petersburg, FL 33715					
	morrillpamela@yahoo.com	City/State and Zip Code				
	E-mail address: (t	o be used for future annual report noti-	ication)			
For further information of	concerning this matter, please ca	all:				
Pamela Morrill, MGR		at (
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	ne following amount:					
□ \$25.00 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 copy is enclosed)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallaharas DI 20014

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great Store 1.1.C			
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	1)
The Articles of Organization for this Limited	Liability Company	were filed on 07/30/2021	and assigned
Florida document number 1.21000345454	·		and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		Great Store LLC	
Mailing address MAY BE A POST OFFICE BOX)		5108 Brittany Dr S Unit 503	
		St Petersburg, FL 33715	
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office a	address on our records, <u>enter tl</u>	he name of the new registers
Name of New Registered Agent:	Pamela Morrill		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
New Registered Office Address:	5108 Brittany D		Jass Jass Jass Jass Jass Jass Jass Jass
		Enter Florida street address	THO THE
	St Petersburg	, Flor	ida Pri is 💝
		City	Zin 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

Title	Name	Address	Type of Action
MGR	Pamela Morrill	5108 Brittany Dr S Unit 503	_
		St Petersburg, FL 33715	
			= Change
		4905 34th St S Unit 251	□Add
		St Petersburg, FL 33711	Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 September 23 Signature of a member or authorized representative of a member Pamela D Morrill, MGR

Typed or printed name of signee