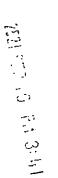
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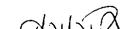
(Red	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



09/10/21--01009--019 \*\*35.03





## **COVER LETTER**

Registration Section Division of Corporations

TO:

oundeer.	The parc 312 LLC	•	,**
SUBJECT:		nited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	Mariana D Esp	pejo	
		Name of Person  OHOUSE  Firm/Company	-
	Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Mariana D Espejo  In Address  Aventura, Florida. 33180  City/State and Zip Code  marianaespejo@hotmail.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  Mariana D Espejo  Name of Person  Information concerning this matter, please call:  Area Code  S572942118  Daytime Telephone Number  S a check for the following amount:  O Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  Inding Address:  Registration Section  Division of Corporations  O. Box 6327  The Centre of Tallahassee  allahassee, FL 32314  2415 N. Monroe Street. Suite 810		
	Aventura, Florid	a. 33180	_
		City/State and Zip Code	
	marianaespeio@	hotmail.com	
	E-mail address	(to be used for future annual report notification)	
For further inform	nation concerning this matter, please	call:	
N	Mariana D Espejo	at ( +1 ) 8572942118	
	Name of Person	Area Code Daytime Telephone Number	r
Enclosed is a chec	ck for the following amount:		
<b>▼</b> \$25.00 Filing		Certified Copy Certified Gopy (Sadditional copy is enclosed) Certified Certi	ate of Status & d Copy
Registr Divisio P.O. Bo	ration Section on of Corporations ox 6327	Registration Section Division of Corporations The Centre of Tallahassee	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Californ Company as it have gangare on t	our records.)	<del>-</del>
(Name of the Limited	Liability Company as it now appears on o Florida Limited Liability Company)	, <u> </u>	
the Articles of Organization for this Limited Liab	ility Company were filed on	08/05/21	and assigned
lorida document numberL21000353984			
his amendment is submitted to amend the follow			
. If amending name, enter the new name of the	ne limited liability company here:		
SHOPLGS LLC			·
ne new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	ntion "LLC" or the ab	previation "L.L.C."
nter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Inter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BO	<u></u>		
			A the many mariet
<ol> <li>If amending the registered agent and/or registered office address</li> </ol>	jistered office address on our recor here:	ds, <u>enter the nam</u>	e of the new regist
gent and/or the new registered write address	<del>nere</del> .		
Name of New Registered Agent:	Mariana D Espejo		
	19400 turnberry way #3	12	ر <i>ب</i>
New Registered Office Address:	Enter Florida street address		
	Aventura	. Florida	33180
	City	1 1011014	Zip:Code
New Registered Agent's Signature, if changing Re	gistered Agent:		Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	agent and agree to act in this cap and complete performance of my ered agent as provided for in Cha gistered office address, I hereby c	duties, and Lam <sub>.</sub> pter 605, F.S. Or.	ree to comply with familiar with and if this document i

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>	Name	Address	Type of Action
MGR	Mariana D Espejo	19400 turnberry way #312 Aventura FL 33180	_ ⊠∧dd
			□Remove
			□Change
MGR_	Aura B Lander	19400 turnberry way #312. Aventura FL 3318	O_ □Add
			⊠Remove
			□Change
MGR	Alejandra D Espejo	19400 turnberry way #312. Aventura FL 33180	□Add
			⊠Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

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Signature of member or authorized representative of a member	.ed	September 1st	. 2021	·		
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	_	Signatu	re of a member or aut	iorized representative of	of a member	
			Aura B I	_ander		