

L21 000 361641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

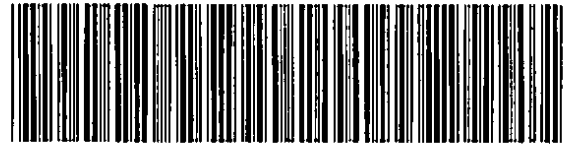
(Business Entity Name)

(Document Number)

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12/14/21--01014--014 **25.00

T. MATTHEWS

DEC 22 2021

21 DEC 14 PM 3:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Directo Shop, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Joel Johnson
Name of Person
Directo Shop LLC
Firm/Company
517 Cherry Rd.
Address
West Palm beach, FL 33409.
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Joel Johnson at (201) 779-5893
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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**

Directo Shop, LLC

21 DEC 14 PM 3:22

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/11/2021 and assigned
Florida document number L21000361641

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Mike Joel Johnson.
517 Cherry Rd.
West Palm Beach, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

517 Cherry Rd
West Palm Beach, FL 33409

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:

Mike Joel Johnson

New Registered Office Address:

517 Cherry Rd

Enter Florida street address

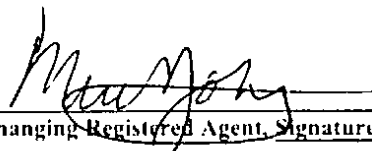
West Palm Bch, Florida 33409

City

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.


Mike Joel Johnson
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Boris Dfre	2502 N Dixie Hwy	<input type="checkbox"/> Add
		Unit 17	<input checked="" type="checkbox"/> Remove
		Lake Worth, FL 33460	<input type="checkbox"/> Change
AMBR	Mike Joel Johnson	517 Cherry Rd	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

12/03/2021

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.

Dated December 3rd, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00