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2023 NOV 19 PH 12: 27

COVER LETTER

TO:

TO: Registration Division of C			
	UNIQUE STUFF OF ST AUGU	STINE, LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	William S Barnes		
		Name of Person	
	Wills' Unique Stuff of St	Augustine LLC	
		Firm/Company	
	257 Crescent Key Drive		
		Address	
	St Augustine, Fl. 32086		
		City/State and Zip Code	
	WBarnes@NissanStAug.co	om to be used for future annual report notif	Frentian)
For further information	remain address, to concerning this matter, please c		neadon)
William S Barnes		561 531-1031	
Name of Person		Area Code Daytimo	2 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 Addr Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILL'S UNIQUE STUFF OF ST AUGUSTINE LLC (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 11/1/2021 ___ and assigned Florida document number 1.21000472182 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 "L.L.C." or the abbreviation "L.L.C." 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: Enter Florida street address

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 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	William S Barnes	257 Crescent Key Drive St Augustine, FL. 32086	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Change

				-
			(n=4:n=n1)	
ective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block turnent's effective date on the Depa	specific and cannot be prior does not meet the applic	to date of filing or more t able statutory filing re	(optional) than 90 days after filing.) Popularements, this date wi	arsuant to 605,020 If not be listed as
cord specifies a delayed effective des	ate, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 9	0th day after the
November 8th	2021	·		
Sig	nature of a member or author	orized representative of a	member	-

Filing Fee: \$25.00