## L21000529349

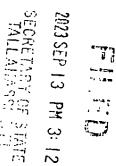
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## **COVER LETTER**

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TO:

Registration Section

Division of Co	rporations		
LOT 7 Co	llectibles LLC		
SUBJECT:	Name of Lir	nited Liability Company	
	Amendment and fee(s) are sul		
Please return all corresp	ondence concerning this matter	r to the following:	
	Hamed Hodae		
		Name of Person	
	LOT 7 Collectibles LLC		
		Firm/Company	<del></del>
	1909 Briarwood St		
		Address	<del></del>
	Dunedin/FL 34698		20 S1
		City/State and Zip Code	2023 SEP 13 SECRETARY
	E-mail address:	(to be used for future annual report notification)	- <del>Σ</del>
For further information o	concerning this matter, please o	all:	
Hamed Hodae		727 6312265	
Name o	of Person	Area Code Daytime Telephor	ne Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOT 7 Collectibles LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	)
he Articles of Organization for this Limited Liability Company	were filed on 12/16/2021	and assigned
torida document number L21000529349		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		20/3 SEC
Principal office address MUST BE A STREET ADDRESS)		AL S
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		<u> ψΞ ω                                  </u>
nter new mailing address, if applicable:		
		<u> </u>
MILLING MATERIAL A POST OFFICE BOX		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new re
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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.

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
AMBR	CAROLYN M HODAE	1909 Briarwood ST	□Add
		Dunedin, FL 34698	-
			□Change
			□ Add
			□Remove
			Change
			SECRETY RY LESS 13: Change Change
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			□Remove
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	12	/16/2021				
ective date, if other than the dat a effective date is listed, the date must be s	e of filing:		te of filing or more	han 90 days at	otional) fter filing ) Purs	nant to 605 02
te: If the date inserted in this block of tument's effective date on the Depart	loes not meet t	he applicable:	statutory filing re	quirements, 1	this date will i	not be listed
and a criteriae date on the Deput	mem of thate s	records.				
cord specifies a delayed effective dat	e, but not an ef	fective time, a	it 12:01 a.m. on t	he earlier of:	(b) The 90ti	h dav after th
s filed.						<b>,</b>
Sentember 7th	20	73				
ed September 7th	·	·				
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	<del></del>	<del></del>	representative of a			