## 1220000 34936

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

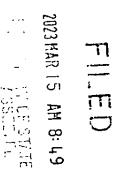
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August 25, 2022

Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013

RE: Change of name

Old: Rope Lace Supply LLC New: Shoe Lace Supply LLC

EIN: 87-4808178

Address: 14710 Braddock Oak Dr Orlando, FL 32837

Dear Sir or Madam:

The purpose of this letter is to inform that the company previously created as **Rope Lace Supply LLC** has changed its name to **Shoe Lace Supply LLC**. If you have any requests or concerns, please don't hesitate to contact me.

Respectfully,

Eric Delgado General Partner

> 9100 Conroy Windermere Rd, Suite 200 Windermere, FL 34786 Office: 407-258-3633 Cell: 786-594-1269

## **COVER LETTER**

TO: Registration Sec Division of Corp			
	E SUPPLY LLC		
SUBJECT:	Name of Limite	<del></del>	
The enclosed Articles of /	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter to		
	CAROLINA GARCIA		
		Name of Person	
	CG PRO BUSINESS CON	SULTING LLC	
		Firm/Company	
	9100 CONROY WINDERS	MERE RD SUITE 200	
		Address	
	WINDERMERE, FL 34780	6 	
		City/State and Zip Code	
	INFO@CGPROBUSINESS	.COM o be used for future annual report i	politication)
For further information of	nneerning this matter, please co		(Mincussia)
CAROLINA GARCIA	<u> </u>	786 5941269	
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	he 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 Addre Registration Division of C P.O. Box 632	Section Corporations 27	The Centre of	Section Corporations of Tallahassee
Tallahassee.	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROPE LACE SUPPLY LLC			
(Name of the Lit	nited Liability Com (A Florida Limite	pany as it now appears on our I Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L22000034936	Liability Compan	y were filed on	2 and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
SHOE LACE SUPPLY LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  mization for this Limited Liability Company were filed on		
(Principal office address MUST BE A STREET ADDRESS)			
		<del></del>	
Enter new mailing address, if applicable:		N/A	양악 로
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, e	enter the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street a	ddress
			, Florida
		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 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>	Address	Type of Action
N/A			□Add
			□Remove
			□Change
N/A			🗆 Add
			□Remove
			□ Change
N/A			□Add
			□Remove
			□Change
N/A			□Add
			□Remove
			☐ Change
N/A ———			
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fectiv	e date, if other than the date of filing: N/A (optional)	
n effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Possesset to 60	5 020
<u> 1105</u>   11	The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lism's effective date on the Department of State's records.	ted :
	and the date of the repartment of state s records.	
·cord	specifies a delayed effective data but not an off-aring time at 12/41 and 12 an	
is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day aft f.	er th
ied	2 21 23	
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	Signature of a member or authorized representative of a member	