L22000049266

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: The Store C	Collection, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Simon Chi		
		Name of Person	
	The Store Collection, LLC		
		Firm-Company	
	11528 w state rd 84 55031		
		Address	
	Fort Lauderdale, FL 33325		
		City/State and Zip Code	
	simonchi@outlook.com E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please co	all:	
Simon Chi		at (<u>954</u>) <u>701-7786</u> Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 tadditional 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

The Store Collection, LLC (Name of the Limited Liability C (A Florida L)	Jompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con		and assigned
Florida document number 1.22000049266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		2022 F
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		ZI AM 8
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		.4.
	, Flori	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
MGR	Simon Chi		□Add
			□Remove
			■ Change
			
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			∐Add
			□Remove
			[] Change
			□ Add
			Remove
			□Change

	of Authorized perso	n Simon Chi fre	om CEO to MC	ir.		
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	b	.ce:	2/2022		(42 l)	
e: If the date ins	her than the date led, the date must be spected in this block do date on the Departr	oes not meet the	e applicable stat			
cord specifies a d s filed.	elayed effective date	, but not an effe	etive time, at 1	2:01 a.m. on the c	earlier of: (b) The	90th day after the
ed <u>February 12</u> 11		. 202.	<u>}</u> .			
		11/1/2		11 1		
	Signa	rure of a member	or authorized re	presentative of a me	mber	

Filing Fee: \$25.00