422000075202

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Q. SILAS		j
APR + 1 2022		

Office Use Only



400383751074

03/21/22--01025--003 **25,00

FILED 2022 HAR 21 PH 2: 22 SECRETARY OF STATE STALL AHAS SEE. FL

COVER LETTER

TO: Registration Se Division of Cor		.* .	•
SUBJECT:	ne Schick S		. •
	Name of Limi	ited Lidbility 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:	
	Jan inc	Name of Person	
	The Schi	ick Shop LLC Firm/Company	
		rim/Company	
	2632 Berr	nude Lake Dr 203	B
	Brandon	FL 33516 City/State and Zip Code	
	ionicala	- O CO CA CO CA	
	E-mail address: (on be used for future annual report notion	fication)
For further information c	oncerning this matter, please ca	all:	
Janina	Bowlin	at (813) 278 - Area Code Daytim	2727
Name o	f Person	Area Code Daytim	e 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 Addres		Street Address:	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

2022 MAR 21 PM 2: 22

The Schict	< Sho	op LLC	CECE	SETABLE OF STATE
(Name of the Limited	d Liability Compa A Florida Limited L	ny as it now appears on Liability Company)	TAL	RETARY OF STATE LLAHASSEE, FL
The Articles of Organization for this Limited Lia Florida document number		were filed on <u>ÖZ</u>	115/2022	2 and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the N/γ	the limited liabi	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the design	nation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	NA		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>	N/A		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our reco	rds, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	Nichi	olas Scott Bermudo C	Bowlin	
New Registered Office Address:	7637	Bernwa (Enter Florida.	Loke Dr 6	203B
	Bron	don City		335/0
		City		Alp Coae

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 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>	Name	Address	Type of Action
MGR	nicholas Scott Bon	olin 2632 Bermudo Loke 1	Apt 203B
		Brandon FL 3351	<u> </u>
			□Change
			🖸 Add
		 	□Remove
			🗆 Change
			□Add
			□Rcmove
			□Change
			□Add
		<u>. </u>	□Remove
		4	□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			D.Chanus

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ci Note:	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	03-15-2022
	Signature of a member or authorized representative of a member
	Jonine Bowlin
	Typed or printed name of signee