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SECRETARY OF STATEONS ONVISION OF CORPORATIONS
22 MAR 30 AM 11: 47

T. MATTHEWS APR 12: 2022

COVER LETTER

TO:	Registration Section Division of Corpo			
SHRIF	or. Ship	Here N More	e lla	
SOBJES	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	lence concerning this matter	to the following:	
		hicharden	V K. Rierre	
			Name of Person	
			Firm/Company	
			40	
		4869 NW	124th Way	
			· · · · · · · · · · · · · · · · · · ·	
		Coral Sprin	185 FL 33076 City/State and Zip Code	
		7 2 4 0	Courty/State and Zip Code	
		F-mail address: (GHALL. COM to be used for future annual report notif	ication)
For furth		cerning this matter, please ca		
		-		
hi	chardson	K. lisire	at (786) 269 - Area Code Daytime	1398
	Name of P	erson	Area Code Daytime	: Felephone Number
	d is a check for the	following amount:		
£ X \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Sec	ation
	Division of Cor		Division of Corp	
	P.O. Box 6327	22214	The Centre of T	
	Tallahassee, FL	. 2214	Tallahassee, FL	2 Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATION OF

22 MAR 30 AM 11: 48

Claire Hora of M	1
Ship Here N Hore L (Name of the Limited Liability Co	- U.C. ompany as it now appears on our records.)
(A Florida Lin	uted Liability Company)
The Articles of Organization for this Limited Liability Com-	pany were filed on $\frac{02 28 2022}{}$ and assigned
Florida document number <u>L 22000 100 266</u>	
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 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES.	9
Trincipal office did construction and the construction of the cons	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Francis address 1977 BE 211 (SE) VI 1 TCD 1974 (
	fice address on our records, <u>enter the name of the new registered</u>
igent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sweet address
	Florida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Richardson K. Pierre	4869 NW 1211th way Coral Springs, Fl 33076	X\dd
			□Remove
			□Change
AMBR	Erika Pierre	4869 NW 124th way Coral springs, FL 330"	16 rxAdd
		 	□Remove
			©Change
			□Add
			□Remove
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Richards on K. Pierra Typed or printed name of signee	Superfidire of a member or authorized representative of a member	

Filing Fee: \$25.00