422000128094

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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04/26/22--01027--019 **25.00

DIVISION OF CORFORATION

22 APR 26 AM 8: 35

T. MATTHEWS

COVER LETTER

Division of Co			
MARTS S SUBJECT:	SHOP LLC		
	Name of Lim	ited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing	
Please return all corresp	condence concerning this matter	to the following	
	Maria F Cedeno		
		Name of Person	
	MARI'S SHOP LLC		
		Firm/Company	
	7864 SAGEBRUSH PL		
		Address	
	ORLANDO, FL 32822		
		City/State and Zip Code	
	mafecedeno 1989(@gmail.co		
For further information	concerning this matter, please co	to be used for future annual report notif all:	acanon)
Maria F Cedeno		321 3041458	
Name	of Person	at ()	· Telephone Number
Enclosed is a check for	the 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 indditional 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 SECRETARY OF STATE OF

22 APR 26 AM 8: 35

MARTS SHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000128094</u>	ny were filed on Florida	and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited La	ability Company," the designation	"LLC" or the abbreviation "L L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street ac	I I
	глиет и почал месен ис	urcss
		. Florida

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA A CORDIDO DIAZ	7864 SAGEBRUSH PL	□Add
		ORLANDO, FL 32822	■Remove
			□ Change
MGR N	Mariana Alejandra Cordido Diaz	7864 SAGEBRUSH PL	
		ORLANDO, FL 32822	□Remove
			□ Change
	-		□Add
			□Remove
			Change
			DAdd
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the da n effective date is listed, the date must be	ate of filing; e specific and cannot be pric	or to date of filing or mo	(optional) te than 90 days after filmo 11	Pursuant to 605 020
	k does not meet the appli	cable statutory filing	requirements, this date w	ill not be listed a
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Filing Fee: \$25.00