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(Requestor's Name)	
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PłCK-UP WAIT MAIL	
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T. MATTHEWS MAY 16 2022

COVER LETTER

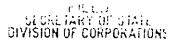
TO:

Registration Section

Division of Co	rporations	P 1'	•
CHAIRS ARY COMP	ide Bargains LLC		
		nited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Mathew Stanfield		
		Name of Person	
		Number of Constitution	
		Firm/Company	
	9100 52nd Way N.		
	 -	Address	
	Pinellas Park, FL. 33782		
		City/State and Zip Code	
	MountainsideBargains@gn	nail.com	
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Mathew Stanfield		727 348-5225	
Name o	f Person	at () Area Code Davtin	ne Telephone Number
Name o	11 013011	Alea code Dayilli	ic reseptione (various
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration Section		Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mountainside Bargains LLC

22 APR 15 AM 8: 40

(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 Company were filed on 03-17-2022 and assigned Florida document number L22000133856 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ____ City

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	<u>Address</u>	Type of Action
MGR	Kimberly Stanfield	9100 52nd Way N.	□Add
		Pinellas Park, FL. 33782	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Can effectiv <u>Note:</u> If th	e date is listed, the date reduced in this effective date on the	nust be specific a block does no	and cannot be price t meet the appl	icable statutory i	or more than 90 day	s after filing.) Pursu	ant to 605.0207 of be listed as
record sp d is filed.	cifies a delayed effec	tive date, but n	ot an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th	day after the
Apr	1 12		2022				
<i>r</i> ated	Mother	9	1-1	 ·			
	jour wa	/ X-2	1 1				
	700000	Signature of	a member or aut	horized representa	tive of a member	 -	