L22000246889

(Req	uestor's Name)	
(Add	ress)		
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(City/	/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	M	IAIL
(Busi	iness Entity Na	ıme)	
(Doc	ument Numbe	r)	
Certified Copies	Certificate	es of Status _	
Special Instructions to F	iling Officer:		
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Office Use Only

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2022 JUN 30 AM 8: 09

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divi	sion of Corp	porations		
SUBJECT:		ESTOP STORE LLC		
Nonance I.		Name of Lin	nited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	ail correspoi	ndence concerning this matter	to the following:	
		CAROLANE NICOLAS		
			Name of Person	
		GIGI'S ONE STOP STOR	E LLC	
			Firm/Company	
		601 N 69TH TER		
			Address	-
		HOLLYWOOD, FL 33024	4	
			City/State and Zip Code	
		nicolascarolane@yahoo.cor	n to be used for future annual report notif	(icarion)
For further int	formation co	ncerning this matter, please ca	•	nearion)
CAROLANE	NICOLAS		786 406-3719	
	Name of	Person		: Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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)
Regi	ing Address istration So	ection	Street Address: Registration Sec	etion
Divi	sion of Co	rporations	Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GIGES ONE STOP STORE LLC

2022 JUN 30 AM 8: 09

(Name of the Lir	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) FALL ALLES LOSE COLORS
The Articles of Organization for this Limited		and assigned
Florida document number 1.22000246889	·	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
Maning undress MAT BE A FOST OFFICE	<u> </u>	
8. If amending the registered agent and/or	registered office address on our	records, enter the name of the new registere
igent and/or the new registered office addr	ess here:	records, enter the name of the new register
Name of New Registered Agent:	CAROLANE NICOLAS	
New Registered Office Address:	601 N 69TH TER	
-	Enter Fi	orida street address
	HOLLYWOOD	Florida 33024
	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 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>	<u>Name</u>	Address	Type of Action
		·	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
 			□Add
			□Remove

06/27	MIT CORRECT NAME 15:	CAROLANE NICOLAS
ctive date, if other than the date of filing: (optional) chective 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 is If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ment's effective date on the Department of State's records. ord 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 filed.	PLEASE MAKE THE CHA	ANGE EFFECTIVE ON BOTH THE REGISTERED AGENT NAME AND THE
etive date, if other than the date of filing:	AUTHORIZED NAME.	
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Carlone Masles		2022
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