

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS FILINGS INC

Account Number : I20220000042

Phone : (786)370-2432

Fax Number

; (786)866-6349

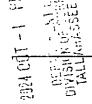
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vigovigocpa@aol.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIELD OF SHOES LLC

Certificate of Status	0
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Corporate Filing Menu

Help

## (((H24000331889 3)))

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIELD OF SHO	DES LLC				
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears pility Company)	on our records.)			
The Articles of Organization for this Limited Liability Company we Florida document number L22000263616	ere filed on	06/09/202	_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company her	<u>·e</u> :			
N/A					
The new name must be distinguishable and contain the words "Limited Liability	Company," the de-	signation "LLC" or	the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:		N/A		. <u></u>	
(Principal office address MUST BE A STREET ADDRESS)					
				1 - 3	
Enter new mailing address, if applicable:		N/A		1	• ,
(Mailing address MAY BE A POST OFFICE BOX)			्रिक्ता रमान	<u> </u>	
-				7:3	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our re	cords, <u>enter the</u>	nafile o		<u>v regis</u>
Name of New Registered Agent:		N/A			
New Registered Office Address:	Enter Florid	 la street address		· <del></del> -	
		T	1		
	City	, Florid	18	Zio 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

17868666349

From: ADRIAN MEDINA

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 (((H24000331889 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
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