

L22000264563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Back 9-8-25

Office Use Only



800453647288

07/01/25 -01030--016 **60.00

2025 SEP -8 AM 8:29

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2025

ANEL DEMOSTHENE
1012 WOODFIELD ROAD
GREENACRES, FL 33415 US

SUBJECT: SHOWLU FASHION STORE LLC
Ref. Number: L22000264563

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

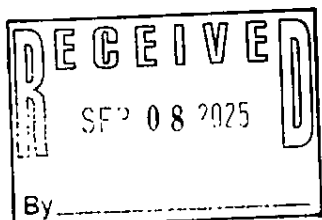
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Mary C Malone
Amendment Section

Letter Number: 225A00018758



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOWLU FASHION STORE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANEL DEMOSTHENE

Name of Person

Firm/Company

1012 WOODFIELD ROAD

Address

GREENACRES FL.33415

City/State and Zip Code

anircealinegy53@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANEL DEMOSTHENE

561 at ()

385-5360

Name of Person

Area Code

Daytime 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
(additional 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHOWLU FASHION STORE 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 Company were filed on 06/09/2022 and assigned
Florida document number L22000264563.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SHOWLU OMNISERVICE SOLUTIONS LLC

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)

7754 OKEECHOBEE BLVD, PMB 682

WEST PALM BEACH FL. 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1012 WOODFIELD ROAD

GREENACRES FL. 33415

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:

ANEL DEMOSTHENE (SELF REPOSIBLE PARTY)

New Registered Office Address:

7754 OKEECHOBEE BLVD, PMB 682

Enter Florida street address

WEST PALM

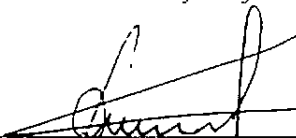
City

Florida 33411

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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANEL DEMOSTHENE	7754 OKEECHOBEE BLVD, PMB 682, WEST PAL	☒ Add
			☐ Remove
			☐ Change
AMBR	ROSIE ANCEL	7754 OKEECHOBEE BLVD, PMB 682, WEST PAL	☐ Add
			☒ Remove
			☐ Change
AMBR	LONEZ DEMOSTHENE	7754 OKEECHOBEE BLVD, PMB 682, WEST PAL	☐ Add
			☒ Remove
			☐ Change
AMBR	ROSIANE DEMOSTHENE	7754 OKEECHOBEE BLVD, PMB 682, WEST PAL	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2025 SEP -8 AM 8:23

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Filing Fee: \$25.00