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--01020--015 **80.00

FILED
2025 SEP -8 AM 8:29

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

RECEIVED
SEP 08 2025
By

# 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

anirocealinegy53@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANEL DEMOSTHENE at (561) 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

2025 SEP -8 AM 8:29

FILED

# 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

2025 SEP -8 AM 8:29

FILED

**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 REPONSIBLE PARTY)

New Registered Office Address: 7754 OKEECHOBEE BLVD, PMB 682
*Enter Florida street address*

WEST PALM, **Florida** 33411
*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 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 | Name | Address | Type of Action |
|---|---|---|---|
| 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 |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing: _____ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 06/23/2025 . 12:01 .

Signature of a member or authorized representative of a member

ANEL DEMOSTHENE

Typed or printed name of signee

FILED
2025 SEP -8 AM 8:29

**Filing Fee: $25.00**