# L22 000277835

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Divid 69 Shop 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:
Yudiolaidys Valdes Agreson
Dirty 69 Shop LCC Firm/Company
19201 W LAKE Dr Address
Hialeah fl 33015
dirty 695hop @ gracil. com  H-mail address: (to be used for future arrotal report notification)
For further information concerning this matter, please call:
Pudiolaidys Valdes Agreen at 305, 890 - 9591  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\times_{\text{S25.00 Filing Fee}} \Bigcup_{\text{S30.00 Filing Fee}} \Bigcup_{\text{S25.00 Filing Fee}} \Bigcup_{\text{S55.00 Filing Fee}} \Bigcup_{\text{S25.00 Filing Fee}} \Bigcup_{\text{S60.00 Filing Fee}} \Bigcup_{\text{S25.00 Filing Fee}} \Bigcup_{\text{Certified Copy}} \Bigcup_{\text{Certified Copy}} \Bigcup_{\text{cadditional copy is enclosed}} \Bigcup_{\text{S4dditional copy is enclosed}} \Bigcup_{S4dditional copy is

### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 19 AH 10: 28

(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 O Florida document number <u>L22</u>000277 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

#### 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.

Cin

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 Judislaidys Valdes Aguero 19201 W LAKE Dr Hiabah XAdd FC 33015 \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change

amending any	other information, c	inter change(s)	) here: (Attach	additional shee	ets, if necessary	)	
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