L22000288575

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Cor			`	
	S SHOP LLC	•		
SUBJECT:	Name of Limi	ted Liability Company		
			023 ,	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	2023 AUG 1	
Please return all correspon	ndence concerning this matter	to the following:	 	
	Juliana Guerrero		PH12: 43	
	Name of Person			
	Alebrijes Shop LLC			
	3255 Prime Park Circle Apt#317			
	Address			
	Kissimmee FL 34746			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	·	
	envioscj8@gmail.com	to be used for future annual report notif	(marine)	
For further information co	oncerning this matter, please ea	·	ncauon	
Juliana Guerrero		201 707-0734		
Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fcc	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION

ALEBRIJES SHOP LLC	· o . ·		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)		
The Articles of Organization for this Limited Liability Compare Florida document number L22000288575	ny were filed on Jun 27 2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company here:		
ENVIOS CJ LLC			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3255 Prime Park Circle Apt#317 Kissimmee FL 34746		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	3255 Prime Park Circle Apt#317 Kissimmee FL .34746		
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the name of the new registered</u>		
New Registered Office Address:	Enter Florida street address		
	, Florida		

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>	Address	Type of Action
MGR	Cristhian Gutierrez	3255 Prime Park Circle Apt#317 Kissimmee FL 34	746 ∃ Add
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record specifies a delayed effective date, but not an effecti is filed.	ive time, at 12.01	a.m. on the carner	or. (0) The sour	day anter th
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08/7 2023)			
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Af				
Signature of a member or	authorized represe	ntative of a member		
1	printed name of si			

Filing Fee: \$25.00