L22000299516

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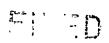
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PI ED 2022 AUG 15 PM 2: 03 FIGNE / SELPTE

A. BUTLER NOV - 3 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PAPA'S SHOP LLC

2022 AUG 15 PM 2: 03

TALKS SHOT ELEC			- 2 00
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou	r records.)	OF STATE
			OF STATE OFE, FO
he Articles of Organization for this Limited Liability Company	were filed on $\frac{07/05/202}{}$	22	and assigned
orida document number L22000299516			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
e new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
1ailing address MAY BE A POST OFFICE BOX)			
	,		
. If amending the registered agent and/or registered office a	address on our records	s, <u>enter the na</u>	me of the new registo
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	•
	, Florida		
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete ecept the obligations of my position as registered agent as p ging filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and Lam er 605, F.S. Oi	familiar with and r, if this document is

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Andrew S. Alamia	1047 Fairfax Circle West, Boynton Beach, FL 33436	∃ Add
			□Remove
			□Change
MGR	Julia A. Alamia	1047 Fairfax Circle West, Boynton Beach, FL 33436	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			Change
			□Add
			□Remove
			□Change

COVER LETTER

TO: Registration S Division of Co			
	HOP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Andrew S. Alamia		
		Name of Person	
	PAPA'S SHOP LLC		
		Firm/Company	
	1047 Fairfax Circle West		
		Address	
	Boynton Beach, Florida 33	3436	
	fauboy 1964@comeast.net	City/State and Zip Code	
	• •	to be used for future annual report notification)	
For further information	concerning this matter, please co	ali:	
Andrew S. Alamia		561 213-5522 at ()	
Name	of Person	at ()	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy	Status & -
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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Effect	ive date, if other than the date of filing:
(If an eff Note:	fective 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 if If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	bent's effective date on the Department of State's records.
he recor ord is ti	d 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 left
Dated	Mugust 09 . 2022. The Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Andrew S. Alamia
	Typed or printed name of signee

Filing Fee: \$25.00