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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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A. BUTLER NOV - 7 2022

COVER LETTER

	gistration Sec vision of Corp			•
		· STORE LLC	- •	
Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please returr	all correspor	ndence concerning this matter t	o the following:	
		ISABEL TRUJILLO		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		ISHA STORE LLC		
			Firm/Company	···
		1005 COUNTRY CLUB D	R STE 301	
			Address	
		MARGATE, FL 33063		
			City/State and Zip Code	
		ISABELCTD.2021@GMA1	L.COM o be used for future annual report	notification)
For further i	nformation co	oncerning this matter, please ca	·	
ISABEL TE	RUJILLO		754 249-824	6
	Name of	Person		vtime Telephone Number
Enclosed is	a check for th	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

THE ISHA STORE LLC	2022 AUG 15 PM 3: 55
(Name of the Limited Liab	ility Company as it now appears on our records.) da Limited Liability Company)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FORTWEL OF STATE
The Articles of Organization for this Limited Liability	Company were filed on 07/18/2022 TALL NO. SE STATE
Florida document number L22000319035	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
ISHA STORE LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
the contract of the contract o	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> ::
Name of New Registered Agent:	
New Registered Office Address:	
Ten registered office roomess.	Enter Florida street address
	, Florida
	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 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
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
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	~ ***	, 	□Add
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			□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: $\frac{07/18/2022}{}$ _ (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 _AUGUST 8 2022 Signature of a member or authorized representative of a member ISABEL TRUJILLO Typed or printed name of signee