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(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:	_
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Office Use Only



COVER LETTER

TO:	Registration Se Division of Cor		,				
SUBJE		sale Cove LLC	•				
SUBJE	C1	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	-				
		Shane Barnett					
			Name of Person				
		The Wholesale Cove LLC					
			Firm/Company				
		1634 Fletcher St.					
		<u> </u>	Address				
		Hollywood Fl.				22 SEP	zi i i i i
		info@thewholesalecove.cor	City/State and Zip Code			∑P 26	JE ISTOR OF COST OKATION
			to be used for future annual repe	ort notification)		P) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
For furt Shane I		oncerning this matter, please c		34-8899		1:07	
	Name o	f Person	at ()	Daytime Telephone	Number		
Enclose	d is a check for th	ne following amount:					
≅ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) C	50.00 Filing Fee, Certificate of Stati Certified Copy additional copy is end		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Wholesale Cove LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on September 06, 2022	and assigned
Florida document number W22000112959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Liah	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		22 SI
		N UF 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-////	
		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nam	e of the new register
Name of New Registered Agent:	/	
New Registered Office Address:	Enter Florida street address	
1		
 -	, Florida City	Zip Code
Now Degistered Assets Cimerous 16 days 1 D 14 14		

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>	<u>Address</u>	Type of Action
MGR	Shane Barnett	1634 Fletcher St. Hollywood Fl. 33020	= Add
			□Remove
			□Change
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			□Change
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te:	ive date, if other than the date of filing:	5.020 ed a
ecor is fi	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 led.	r the
	September 20, 2022	
ted		
ted	Signature of a member or authorized representative of a member	