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TO:

TO: Registration Section Division of Corpora	I		
SUBJECT: 2A	SHOPPERS	AND CAR	90 LLC.
•	Name of Limit	ed Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
_	ADRI	ANA RAY	
_		Name of Person	
_	10025 NW	Firm/Company 46th St AP	T 201
_	DORAL	/ FLORIDA	3317 <u>8</u>
	E-mail address: (to	FLORIDA City/State and Zip Code Government	otification)
For further information concer	ning this matter, please cal	1:	
ADRIAN	A RAY	$at(\frac{786}{22})$	
Name of Pers	OH	Area Code Day	time Telephone Number
Enclosed is a check for the fol	1		
\$25.00 Filing Fee	\$30.0 0 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 Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	prations	Street Address: Registration 9 Division of C The Centre o 2415 N. Mon Tallahassee, 1	Section Corporations f Tallahassee roc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAY SHOPPERS AND G	1290 LLC.
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L}{2200389921}$	on ADRIANA RAYand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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) AGE	DRIANA RAY 025 NW 46th ST 01 DORAL, FL, 33178
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	ECRETAR TALLAHI
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: Name of New Registered Agent: ADLIAN A	·
Name of New Registered Agent: New Registered Office Address: ADRIANA	46th St APT 201 er Florida street address
DORAL	.
New Registered Agent's Signature if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performan accept the obligations of my position as registered agent as provided for	ce of my duties, and I am familiar with and

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 j	person l	being added
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	ADRIAN	A RAY	10025 NW 46th St APT 201. DORAL, +L3:	Add
			APT 201. DORAL, +L3:	3 HC□Remove
				□Change
AMBR	ADRIAN	JA RAY	10025 NW 46-14 ST	XAdd
			10025 NW 46-14 ST APT 201 DOBAL, FL 331	78 □Remove
				□Change
				□Add
				□Remove
				□Change
				□Remove
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