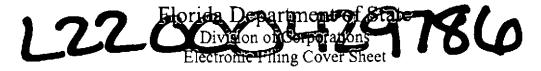
10/12/22, 4:27 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003507793)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TPBS CORP

Account Number : I20190000112

Phone : (786)389-2779

Fax Number : (305)356-3688

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Emsil. | Address: |  |  |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICITY STORE LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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H220003507793

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ICITY STORE LLC   |   |                             |                 |                    |
|---|---|-----------------------------|-----------------|--------------------|
| (Name of the Limited Linbi<br>(A Florid   | lity Company as it now appears on la Limited Liability Company) | our records.)               |                 |                    |
| The Articles of Organization for this Limited Liability ( Florida document number L22000429786            | Company were filed on 10/05/2                                   | 022                         | _ and assign    | ÷ď                 |
| This amendment is submitted to amend the following:   |   |                             |                 |                    |
| A. If amending name, enter the new name of the lim  | nited liability company here:                                   |                             |                 |                    |
| The new name must be distinguishable and contain the words "Lie   | nited Liability Company." the designa                           | ation "LLC" or the abbre    | viation "L.L.C. |                    |
| Enter new principal offices address, if applicable:   |   |                             |                 |                    |
| (Principal office address MUST BE A STREET ADD  | RESS)   |                             | _ <del></del>   | <del>2</del>       |
|   |   |                             |                 | 25                 |
|   |   |                             |                 | 20                 |
| Enter new mailing address, if applicable:   |   |                             | 27 9 1<br>      | <u>_</u>           |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>   |                             | 4.4<br>20       | 2022 DCT 13 AH 10- |
|   |   |                             | ***             | <u> </u>           |
|   |   |                             | 7534            | <del></del>        |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our record                                 | is, <u>enter the name o</u> | f the new re    | <u>vistered</u>    |
| Name of New Registered Agent:   |   |                             |                 |                    |
| New Registered Office Address:  | Emer Florida st   | east out livere             |                 |                    |
|   | i.mgi (tupugi si.   |                             |                 |                    |
|   | City  | Florida                     | Ziji Cork       | <del></del>        |
|   | •   |                             |                 |                    |

## 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 affice 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

10/12/22 03:29PM-PDT TPBS Corp -> Florida Department of Stat 18506176383 Pg 4/5 H220003507793

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          | XUEQUI RUAN DE MOY | 420 NE 176TH ST            | □Add  |
|              |                    | NORTH MIAMI BEACH FL 33162 | <b>⊜</b> Remove   |
|              |                    |                            | (  Change   |
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|              |                    |                            | □Change → □Chan |
|              |                    |                            | Remove  |
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| <u>Note:</u>                      | ve date, if other than the date of filing:  (optional)  crive date is fisted, 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
|                                   |   |
|                                   | 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 ed.  |
| rd is file                        | ed.   |
| e record<br>rd is file<br>Dated _ | ed.   |

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