## 00443617

(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:

Office Use Only



000399361660

3/14/23 \*\* FILED \*\*\* FILED \*\*\* FILED \*\*\* FILED

## **COVER LETTER**

Division of Corporations	
SUBJECT: Shoppin	S WITH THE KYEW  Name of Limited Liability Company
The enclosed Articles of Amendmer	at and fee(s) are submitted for filing.
Please return all correspondence cor	cerning this matter to the following:
S	nanteria Hall Name of Person
	Firm <sup>'</sup> Company
	363 NW 80th Terr
PK	Mation F1 33322 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning (	his matter, please call:
Shanteria H	at (954) 309-0142 Area Code Daytime Telephone Number
Enclosed is a check for the followin	-
□ \$25.00 Filing Fee □ \$30.0 Cer	00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, tificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation	ns Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shopping with the	o Vrew			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2'ZDD0 44 3 &amp; 17</u>	y were filed on 101	14/2622	2 and assign	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab  Shoping With the Krey  The new name must be distinguishable and contain the words "Limited Liabi	LLC	nation "LLC" or the	e abbreviation "L.L.C	· ···
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			2023	
Enter new mailing address, if applicable:			JAN -3	
(Mailing address MAY BE A POST OFFICE BOX)			SSC <b>₹</b>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the</u> n	-PH 8	egistered
Name of New Registered Agent:				<del></del>
New Registered Office Address:	C CL 1/			
	Enter Florida s.			
<del></del>	City	, Florida	Zıp 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Shantena Hall	1363 NW 80 Terr DKG	tativosada
		F1,33322	□Remove
		<del></del>	□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
		<del>-</del>	□ Change
			□ Add
			□Remove
			□Change
	<del></del>		🗀 Add
			□Remove
			□Change
			□ Add
			□Remove

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
Effective data if ather than the data of filings (entired)
E. Effective date, if other than the date of filing:
f 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 ecord is filed.
Dated 10.27.2022  Signature of a member or authorized representative of a member
Shanteria Hall Typed or printed name of signee

Filing Fee: \$25.00