# L22000465116

(Re	questor's Name)	<u> </u>
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2023

BRANDY DAWSON 600 KUREK CT APT 222 MERRITT ISLAND, FL 32953

SUBJECT: YOUR ONE AND ONLY STOP & SHOP LLC

Ref. Number: L22000465116

We have received your document for YOUR ONE AND ONLY STOP & SHOP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 623A00003114

Alecia Rivers Regulatory Specialist II

MAR 15 2023

www.sunbiz.org

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## **COVER LETTER**

TO: Registration of Division of	on Section   Corporation:	s						
SUBJECT:	Your	One Name o	and of	aly Ste	op & She	<del>5\$</del>		
The enclosed Article	es of Amendme	ent and fee(s) are	e submitted for fili	រាទ៍				
Please return all cor	respondence co	oncerning this m	atter to the followi	ng·				
	P	orando	, Day Name o	S C \\ f Person			2	
	<u> </u>	our one	and o	nly Stag	r a Sho	<u>.</u> -	2023 HAR 15	 
					C		5 FM 3:	
	بلا	orritt	Island, City/State ar	FL 329	153		27	
					CCM			
For further informat					,			
Brandy	Dawi ime of Person	<u>Son</u>	at ( Are	205) <del>§ 8</del> a Code Day	8 - 5580 ytime Telephone Nui	<u>S</u> mber		
Enclosed is a check	for the followi	ng amount:			,			
□ \$25.00 Filing Fe		.00 Filing Fee & ertificate of Statu	ıs Certifi	Filing Fee & ed Copy nat copy is enclosed)	Certi Certi	00 Filing Fee ifficate of Sta iffied Copy tional copy is e	atus &	
<u>Mailing Ac</u> Registrati	Idress: on Section			Street Address Registration				

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

	- ( • •	nly S	Stop.	<u> 1</u> S	hoff		
(Name of the Limite	A Florida Limited	iny as it now Liability Con	<del>r appears on o</del> npany)	ir records.)	v		
The Articles of Organization for this Limited Lia Florida document number <u>L L L C O C 46</u>	ability Company	were filed	on 10   2	8/22	aı	nd assig	med
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liah	ility comp	any here:				
The new name must be distinguishable and contain the we Enter new principal offices address, if applica		lity Company	y," the designat	on "LLC" or th	ne abbreviati	ion "L L./	<u>C.</u> "
(Principal office address MUST BE A STREET						- 2	
Transpir office unifices frost be A STREET	ADDILL33)					2023 MAR	<del></del>
					• • • • • • • • • • • • • • • • • • • •	<del></del>	= 1
Enter new mailing address, if applicable:						5	
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>					₹	्र <b>े</b> ेें
					•	<u>က</u>	·
						7	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a <u>here</u> :	address on	our record:	, enter the r	iame of th	<u>іе пеж і</u>	registered
Name of New Registered Agent:	Fro	inch/	Day	Sun			
New Registered Office Address:	Bro 600 K	wek	C†	apt c	22		
						953	·
	Merri	City	LSIUME	<u>~_</u> , riorida	Zıp	Code 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	Brandy Dawson	boo Kwek Ctapt	🗹 🗹 Add
			□Remove
			Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  $\sim$ E. Effective date, if other than the date of filing: 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. Signature of a member or authorized representative of a member