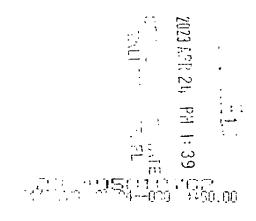
L22 000 483143

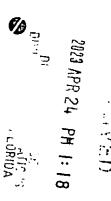
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200405818762





COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:		SHOP 360 LLC	? 	
The anglesed Articles of	Amendment and fee(s) are sul			
		_		
Please return all correspo	ondence concerning this matter	to the following:		
	Antho	ony BREWER Name of Person		
	7 1216 M	Firm/Company THOP 366 LLC Address	SE STE	122
				-1 %g
	TUH F	City/State and Zip Code		1,24 PH
		Shop 360 C 4ah		PH T
For further information of	concerning this matter, please of	call:		71 39 F 24 9
Anthony Name of	Brewer of Person	at (<u>850</u>) <u>(4</u> Area Code Daytin	61 - 7389 ne Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Sc	ection	
Division of C	Tama anations	Division of Co		

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

BODY (Name of the Limited (A	SHOP 360 L Liability Company as it now app Florida Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liab Florida document number _L2 2 000 48		3/16/23	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company	here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." th	ne designation "LLC" or the	abbreviation 3L.L.C."
Enter new principal offices address, if applicab	le:	<u>-</u>	
(Principal office address MUST BE A STREET)	ADDRESS)		
			-D
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BO	 OX)		F :: 9
[-74mm, 44m/cs/,, 17 17] 1 00.7 01 1 (C17 17	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		r records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Anthony	Brewer Sykee Rd	
New Registered Office Address:	1216 Micco	Sykee Rd Florida street address	
	Tallchassee	, Florida	32308
	City	,	Zip 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

Title	<u>Name</u>	Address	Type of Action
MGR CED	Anthony Brewer	1216 Miccosulee Rd SE STE 122	
		Tut, R 32308	□Remove
			□Change
MBR	Cicely Clary	1214 Microsuke Rd SE STE 12 TH , P2 32308	2 □Add
		TH, 12 32308	□Remove
			Change
			□Add
		가. 가. 1 년,	□Remove
			P
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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F :-	39

Filing Fee: \$25.00