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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 : (239)542-9104

: (239)540-1760 Fax Number

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA UNIVERSAL STORE OF CAPE CORAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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2395401760 (((H 2 20 CO(4 21360 '5)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2022 DEC 16 AMII: 27

	LA UNIVERSAL STORE OF	FCAPE CORAL, ELC
(Name of the Lin	ited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.)
The Articles of Organization for this Limited		ed on 11/16/2022 and assigned
Florida document number L22000490548	··	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability com	pany here:
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
	··· - - • • • • •	
B. If amending the registered agent and/or agent and/or the new registered office addr		on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	MARICELA JAUREGUI RAMOS	
New Registered Office Address:	219 NW 4TH PL	
	F	Enter Florida street address
	CAPE CORAL	, Florida ³³⁹⁹³
	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.

f Changing Registered Agent, Signature of New Registered Agent

Dec-2022 ·16:27 . S. Llanio Business Service Inc 2395401760 p.3 (((はなるののはは Company)))

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	MARICELA JAUREGUI RAMOS	219 NW 4TH PL	₩Add
		CAPE CORAL, FL 33993	
MGR	LIUVYS GARCIA	219 NW 4TH PL	
		CAPE CORAL, FL 33993	≣Remove
			□Change
			□ Remove
			Change
			□Remove
			Change
			□Add
			🗆 Remove
			[J]Change
			🗀 Add
			□ Change

amending any other information, enter change(s) here FEL/EIN NUMBER: 92-1096761	7011:27
12/09/2022	
ective date, it other than the date of filing:	(optional)
neffective date is listed, the date must be specific and cannot be prior tee. If the date inserted in this block does not meet the applica	to date of filing or more than 90 days after filing.) Pursuant to 605.020 The statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	, 0
cord specifies a delayed effective date, but not an effective time	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
DECEMBER 9 2022	
red A :	-· ()
1. D 1	
Mariles Varion	rized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee