

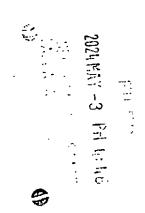
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUPPLIE STOWN LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sophia Agbemashior
Firm/Company
8238 Olympic Stone Cir
New Port Richey FL 34655 City/State and Zip Code
Sophiastrauwa ameli . com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sphia Aghemashiv at (813) 550-4443 Namoof Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Simhia Strown LL	C.		
(<u>Name of the Limited Lial</u> (A Flor	C, pility Company as it now appears on o ida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L2200051268</u>	Company were filed on Dec		_ and assigned
This amendment is submitted to amend the following.			
A. If amending name, enter the new name of the li	mited liability company here:		
Sophia Agbernashior LL The new name must be distinguishable and contain the words "I	C		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designate	tion "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			24
(Principal office address MUST BE A STREET AD	DRESS)	· · · · · · · · · · · · · · · · · · ·	>
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		<u>-</u>	
Enter new mailing address, if applicable:		<u>.</u>	<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)		<u>`</u>	<u> </u>
			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		s, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			****
New Registered Office Address:	D 01 41		
	Enter Florida str	eei address	
		, Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
DUMEY	Sphia Aghemashiir	9238 OlyMAc Stone C	IC Kindd
	. J	8238 OlyMAC Stone C New Port Ecney, FL	□Remove
		34655	□Change
			□Add
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			□Change
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ffective dat	e. if other th	an the date of	filing:		(0	ptional)
an effective d	ate is listed, the	date must be specif	ic and cannot be prior		more than 90 days	after filing.) Pursuant to 605.0207
			t of State's records.		ing requirements,	this date will not be listed as
-	fies a delayed	effective date, bu	ıt not an effective ti	me, at 12:01 a.m	. on the earlier of	(b) The 90th day after the
is filed.						
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	-	Signature	of a member or author	orized representati	ve of a member	
		A.	<i>,</i>			
		111/4	4 ()	ShiW ed name of signee		

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