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To:

Division of Corporations Fax Number : (850)617-6383

from:

Account Name: REGISTERED AGENTS INC.

Account Number : (20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 CORYNKA'S DEPOT, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corynka's Depot, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		•	
The Articles of Organization for this Limited Liability Comp. Florida document number L22000516799	pany were filed on 12/08/22	and :	assigno	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation '	L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off	fice address on our records, enter the nan	ne of the r	iew re	gisterec
agent and/or the new registered office address here:	•	٠ <u>٠</u>	2023 Y	
Name of New Registered Agent:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:		-	-2	
	Enter Florida street address		PH	C
	Florida	<u>.</u> ::	بب	<u>.</u>
	City	Zip Coc	l. ₩	

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 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>	<u>Address</u>	Type of Action
MGR	Paris Glorin Gavrilescu Secareanu	5299 WASHINGTON RD.	🗹 Add
		DELRAY BEACH, FL 33484	□Remove
			Change
			□Add
			□Remove
			☐ Change
		**************************************	□Add
			[]Remove
		······································	□Change
			DAdd
			🗓 Remove
			□Change
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			□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effective date is list Note: If the date inse	ther than the date of filing:
If the record specifies a derecord is filed.	clayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January	NOT SMITH
	Signature of a member or authorized representative of a member
	Nat Smith

Filing Fee: \$25.00