L23000002771

(Requestor's Name)
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	on Section f Corporations			
SUBJECT:	P&T STORE LLC			
	Name of Lim	ited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
	PARTH P	PATEL		
		Name of Person		
	PLT STOR	Firm/Company		
	6306 15th	STREET EAST		
	SARASOT	A FLORIDA 34247	8	
		A FLORIDA 34247 City/State and Zip Code		
	E-mail address: (To be used for future annual report notif	ication)	
For further informa	tion concerning this matter, please c	all:		
PART	ame of Person	at (<u>941</u>) <u>993 4</u> Area Code Daytime	8 19 : Telephone Number	
Enclosed is a check	for the following amount:			
□ \$25.00 Fiting F	Fee S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing A		Street Address: Registration Sec	rtion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	ty Company	as it now appears on or	or records)	
(Name of the Limited Liability (A Florida	i Limited Lial	ollity Company)	,	
The Articles of Organization for this Limited Liability C	Company we	ere filed on	3/2023	and assigned
Florida document number L23000002771	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liabilit	y company here:		
N/A				
The new name must be distinguishable and contain the words "Lim	ited Liability	Company," the designat	ion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	_	NIA		
(Principal office address MUST BE A STREET ADDR	RESS)		- 	2023 FI
				<u>i</u>
	-			24
Enter new mailing address, if applicable:		NIA	88. 88.	<u>≥</u> m
(Mailing address MAY BE A POST OFFICE BOX)	-		FS	ت ق
[Milling address HAT BE A 1031 OTTICE BOX]	-			-t-9
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	NIA	areas on our record	or circo, the name o	
Non-Designand Office Addresses	NIA			
New Registered Office Address:	1011	Enter Florida str	eet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete pa gent as pro ed office ac	erformance of my d ovided for in Chapt	uties, and I am fam er 605, F.S. Or, if t	iliar with and his document is
		IA	<u> </u>	
	If Changi	ng Registered Agent, <u>Si</u>	gnature of New Registe	ered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PARTH P PATEL	6306 15th STREET EAST SMARTH	⊠ Add
		FLORADA 34243	□Remove
		<u> </u>	□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□ Change

	NIA
E.C.	tive date, if other than the date of filing: NA (optional)
lf an c <u>Note</u>	tive date, if other than the date of filing:
ne reco	ord 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 filed.
Date	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	•
	Parth Patel Typed or printed name of signee