L23 000 050 918

(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.	1
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COVER LETTER

	tration Section of Corpe			;
4		850 RIN	1 SHOP LLC	
SUBJECT: _		Name of Lim	J SHOP LLC ited Liability Company	
The enclosed A	Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspond	lence concerning this matter	to the following:	
		Ang	Name of Person	
			Firm/Company	
		7525 Ch	naparral Dr Ne	
			Address	
		TUAUTA	A GA 30350 City/State and Zip Code	
			•	
		angel truo	ng 18 @ gmail - (or	1
				ication)
For further info	ormation con	cerning this matter, please co	all:	
Ana	el Tru	ong	at ()	
	Name of P	erson	Area Code Daytime	: Telephone Number
Enclosed is a cl	heck for the	following amount:		
≨ \$25.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	ng Address: stration Sec	ction	Street Address: Registration Sec	ction
	sion of Cor		Division of Con	
	Box 6327	•	The Centre of T	
Talla	hassee, FL	. 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>850 Bir</u>	1 Shop LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on ou liability Company)	r records.)
The Articles of Organization for this Limited Liability Company	were filed on	10 27, 2023 and assigned
Florida document number <u>L230000 50918</u> .		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		025 6
		· _
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records	, enter the name of the new registero
Name of New Registered Agent:		
New Registered Office Address:	.	
	Enter Florida stree	et 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>	<u>Address</u>	Type of Action
MAR	Angel Trung	628 Michelle Dr	□Add
		Biloxi MS 39532	XRemove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

	
<u>Note:</u>	tive date, if other than the date of filing:
recor	rd 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 led.
)ated	Signature okamember or Authorized representative of a member
	Mana Manunan
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00