

L23000063830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

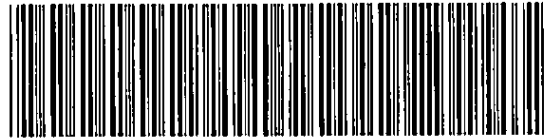
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J. HORNE
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2023 FEB 16 AM 9:17

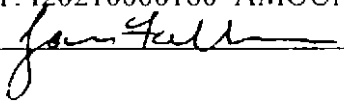
SECRETARY OF
TALLAHASSEE, FLORIDA

RECEIVED

2023 FEB 16 PM 4:28

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00
AUTHORIZATION SIGNATURE: 

The Shopville llc
Business Name

L23000063830

Document Number, (if known):

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of the Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

AMMENDMENTS

☒ Amendment

☐ Designation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE() ☐

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

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OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTILLE() ___
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

TO: Registration Section
Division of Corporations

SUBJECT: The Shopville 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:

Yvener S. Charles

Name of Person

The Shopville llc

Firm/Company

422 SW Nabble Ave

Address

Port Saint Lucie FL 34953

City/State and Zip Code

theshopvillellc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvener S. Charles

786 3513229
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 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

10
**ARTICLES OF ORGANIZATION
OF**

The Shopville llc

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2023 FEB 16 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 03, 2023 and assigned
Florida document number 123000063830.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

MGR = Manager
AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Yvener Jean Baptiste

Typed or printed name of signee