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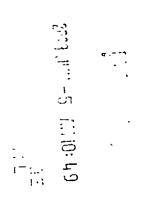
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COVER LETTER

TO: Registration Se Division of Cor		,	
SUBJECT:	Name of Lindi	Shop LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Nina Pi	erre Name of Person	
	Vava jewe	M Shop (1C) Firm/Contpany	
	2931 NE	7 AVENUE Ap+ P	2
	Pompano P	City/State and Zip Code	64 = ==
	Valyeueln sh E-mail address: (1	o he used for future annual report notifi	
For further information co	oncerning this matter, please ca	ıtt:	
Nirua Pita Name of	VC Person	at (<u></u>	Telephone Number 5
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
(A Florida Limited Liability Co	mpany)
The Articles of Organization for this Limited Liability Company were filed	d on <u>02 08 2023</u> and assigned
Florida document number <u>1230000 70494</u> .	7 - 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "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:	= 1
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address or	n our records outer the name of the new resistance
gent and/or the new registered office address here:	Tour records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act i	n this canacity. I further goree to comply with the

relative to 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
MGR	Wency R. Germinal	14102 NE 1410 St	Add
	9	1402 NE 146 St Mani Fl 33181	□Remove
			□ Change
			□ Add
			□Remove
			□Change
			707 Add
			Remove
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ective date, if other than the date of filing:	ptional) ifter filing.) Pursuant to 605.03
te: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of s filed.	: (b) The 90th day after t
	202
ed 05 24 25	
	i
Signature of a member or authorized representative of a member	<u>. </u>