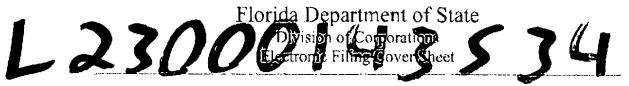
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : 120230000190

Phone : (844)449-3624 Fax Number : (844)449-3624

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please. \*\*



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOFIAS JOURNAL SHOP L.L.C.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \*\* OF

sofias journal shop L.L.C.		
(Name of the Ulmited Liabi (A Flore	fits Company as it now appears on our records.)  a Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/21/2023	andassigned
Florida document number 1.23000143534		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new pame must be distinguishable and contain the words "Lin	mited Liability Company," the designation [11,0] or	the abb Mation을 T.C." 금면
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	A 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- B
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	Cio	Zg) Crale

## 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.

To:

Page: 3 of 4

2024-02-17 08:20:17 UTC+14

18506176383

From: ZenBusiness User

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>	Name	Address	Type of Action
AMBR	Kyle James Cavnar	5823 Serene Cove	≅Add
		sanford , FL 32771	[]Renove
			Change
			□Add
			□Remove
			CJAdd
			□Remove
		terrengangan kada propinsing dikembalikan di mpak bisakanka sakatka ka ada	☐Change
			DAdd
			□Remove
			〔☐Change
			DAdd
			LTRemove
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		H	CJAdd
			E}Remove
			CiC hange

	ion, enter change(s) here: tAttachadditional sheets, if necessar	3.7
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Note: If the date inserted in this bloc	UPON APPROVAL (optional) be specific and cannot be prior to date of filing or more than 90 days after filing ek does not meet the applicable statutory filing requirements, this date out ment of State's records.	<ul> <li>Fursuau to 605.0207 (3)</li> </ul>
ne record specifies a delayed effective and is filed	date, but not an effective time, at 12/01 a m on the earlier of (b). The	ne <sup>90</sup> th day after the
Dated February 16th	2024	
/s: Sofia Papoutaakis		
	ignature of a member or authorized representative of a member	
Sofia Papoutsakis		
	Typed or printed name of signee	