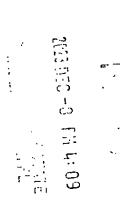
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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





12/08/23--01021--003 \*+25.00



## COVER LETTER

TO: Registration Division of C	Section Corporations	•	•		
Consign SUBJECT:	ment Corner LLC				
	Name of Lin	ited Liability Company	<del></del>		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Stanley Mandel CPA				
	· · ·	Name of Person			
	PPMT Strategic Group LL	C			
		Firm/Company			
	9655 South Dixic Highwa	9655 South Dixie Highway Suite 100			
		Address	<del> </del>		
	Pinecrest, FL 33156				
	smandel@profitplannersmg	City/State and Zip Code (t.com	<del></del>		
	E-mail address: (	to be used for future annual report notificati	on)		
For further information	on concerning this matter, please c	all:	-1		
Stanley Mandel		305 232-2931 at ()			
Nan	ne of Person	Area Code Daytime Tel	ephone Number		
Enclosed is a check for	or the following amount:		22-		
■ \$25.00 Filing Fee	E □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Consignment Corner LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com- Florida document number <u>L23000314659</u>	npany were filed on 6/23/2023	and assigne	:d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" or the abb	oreviation "L.L.C."	.,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>		
		·,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name	e of the new re	gistered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		. 22	
	Enter Florida street address	1 12	• — 1
	, Florida	: 3	· ;
N. B. J. J. B. J. K. B. J. B. B. J.	City	Zip Codel	
New Registered Agent's Signature, if changing Registered A		TO THE	-
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my duties, and I am fa at as provided for in Chapter 605, F.S. Or, i	imiliar with an if this do <del>eu</del> men	nd .

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>Name</u>	Address	Type of Action
Tina Amber Reep Boyington	12615 SW 84 Ave Road, Miami, FL 33156	🗏 Add
		Remove
		□Change
	<del></del>	□ Add
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		Tina Amber Reep Boyington  12615 SW 84 Ave Road, Miami, FL 33156

□Remove

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Filing Fee: \$25.00