L23000459899

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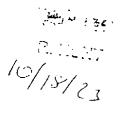
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Retail Solutions LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Jimited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.23000459899	mpany were filed on 10.8.2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	2023
		<u> </u>
		1 10 80 06 10 10
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2 5
B. If amending the registered agent and/or registe	ered office address on our records, er	iter the name of the new
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
ambr	Raymond Berginan	194 Venus Lane	■ Add
		Key West, FL 33040	Remove
			Change
ambr	Walter Savoidy	13918 Ethel Ave	B Add
		Hudson, FL 34667	□ Remove
			Change
			2023 OCT BAY OF STATE OF CORPORATIONS 2023 OCT BAY OF CORPORATIONS COR
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
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Note:	tive date, if other than the date of filing:	. to 605.0 be listed)207 (3 I as th
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlie	r of:
Dated	1 10.18.2023		
	Signature of a member or authorized representative of a member		
	Raymond Bergman Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00