Florida Department of State

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Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

COVER LETTER

(((H23000375444 3)))

CHDIECT.		SSTOP,SHOP L.L.C.	
SUBJECT:		ited Liability Company	, <u>, , , , , , , , , , , , , , , , , , ,</u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 :	STE 220	
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P.O. Box 63		The Centre of T	•

(((H23000375444 3)))

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

(((H23000375444	3)))
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(Name of the Limited Liability Compan (A Florida Limited Li			
(A Fronta Limited C	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	10/05/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1150 Nw 72nd Ave Tower 1 Ste 455 #13238		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126		
			 .
Carres and a state of the state			
Enter new mailing address, if applicable:			3
(Mailing address MAY BE A POST OFFICE BOX)			ŧ.
B. If amending the registered agent and/or registered office ac			t.
B. If amending the registered agent and/or registered office adequate and/or the new registered office address here: Name of New Registered Agent:			ţ.
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our rec		ţ.
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our rec	ords, <u>enter the name</u>	of the new registe

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H23000375444 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MIRIELIX LUNA-ROSADO	1109 BROWNSTONE DR APT A	□Add
		KISSIMMEE, FL 34774	Remove
			Thange
			□Add
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			☐ Change
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			□Remove
			□Change (((H23000375444-3))

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If amer	iding any other information	, enter change(s) here: (Attach ad	iditional sheets, if necessary.)
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e record and is filed		e, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
Dated _	November 2nd	2023	
	Sign	Miristly Lang - F	Tody do-
	-	Mirielix Luna-Rosado	
		Typed or printed name of signe	ee

Filing Fee: \$25.00