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(Re	equestor's Name)	
(Ac	idress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Mails	Office Use Onl	 ر



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12/21/23--01021--004 **30.00

COVER LETTER

TO: Registration Se Division of Cor			
	1 STOP CO	ONVENIENCE STORE, L. L. C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		RAMEAU PAUL	
		Name of Person	
		Firm/Company	
	12993	W Dixie Highway	
	<u></u>	Address	
	North M	fiami, Florida 33161	
		City/State and Zip Code Jrsrt8@yahoo.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
RAMEAU PAUL		786 521-1908	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Sc	ction

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 STOP CO	NVENIENCE STORE, L. L. C
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
ne Articles of Organization for this Limited Liability of Drida document number	Company were filed on October 11, 2023 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the lin	nited liability company here:
1 STOP GROCERY S	STORE, L.L.C
ter new principal offices address, if applicable:	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new mailing address, if applicable:	
uiling address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registere ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ed office address on our records, enter the name of the new registe
	, Florida
	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 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
			□Add
			□Remove
		-	☐ Change
		_	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		,	□Change
			□Add
			□Remove
			∏C'hange

E. Effective date, if other than the date of filing; FEBRUARY 1, 2024 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated FEBRUARY 1, 2024 Signature of a floriber or anaborized representative of a member RAMEAU PAUL Typed or printed name of signee	D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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RAMEAU PAUL	Dated	FEBRUARY 1, 2024
RAMEAU PAUL		CY.
		Signature of a rhember or authorized representative of a member

Filing Fee: \$25.00