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below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Account Number : I20210000123 : (321)315-9576 Phone : (321)234-0285 Fax Number

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHPWAY SOLUTIONS LLC

Certificate of Status	1
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T. LEMPEUX

OCT 23 2023

Registration Section

To:

TO:

### **COVER LETTER**

Division of	Corporations		
SHPW SUBJECT:	AY SOLUTIONS LLC		
30BJEC1:	Name of Limi	ted Liubility Company	
The enclosed Article	s of Amendment and fec(s) are subr	nitted for filing.	
Please return all corr	espondence concerning this matter t	o the following:	
	MIGUEL I ROMER MEN	DOZA	
	<del>-</del>	Nume of Person	
	TAX TRAINERS INTERN	ATIONAL CONSULTANTS LLC	9
		Firm/Company	
	3585 GRANDE RESERVE	WAY APT 209	
	<del></del>	Address	*
	ORLANDO FL 32837		
	DOCS@TAXTRAINERSIN	City/State and Zip Code	
	·	be used for future annual report notif	ication)
For further information	on concerning this matter, please cal		
MIGUEL J ROMER	MENDOZA	321 315-9576	
Nar	ne of Person		Telephone Number
Enclosed is a check for	or the following amount:		
S25.00 Filing Fed	c ☐ \$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 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

To:

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHPWAY SOLUTIONS LLC		
(Name of the Limited Liabilli (A Florida	y Company as it now appears on our record Limited Liability Company)	1.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/16/2023	and assigned
Florida document number 1.23000475423	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
SHOPWAY SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limi	ited Linbility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		·
Euter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, .
		. a
		,
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registere
active and/or the new registered office address here:		C3
Name of New Declared Asses		7.3 r
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u>ω</u>
	Enter Florida street oddress	
		rida
	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.

•	Page: 5 of 6	2023-10-19 22:53.10 GMT	13212340285	From: Mig		
If amendin	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added					
MGR = N	or removed from our records:  MGR = Manager  AMBR = Authorized Member					
Title	<u>Name</u>	Address	<u>Ty</u>	pe of Action		
				JAdd		
				]Remove		
				]Change		
	<del></del>			lAdd		
				Remove		
		<del></del>		lChange		
			<u> </u>	iAdd		
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<del></del>				Add		
				Remove		
			0	Change		
	-	,	0	Add		
			0	Remove		
		<del></del>		Change		
				Add		
			01	Remove		

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	E.I.N. # 93-4009842	
4014	ctive date, if other than the date of filing:  (optional)  (discrive date is listed, the date must be specific and camon be prior to date of filing or more than 90 days after filing.) Pursuant to 605.05  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	207 (3)(5) as the
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after tified,	he
record is		
ecurd is		