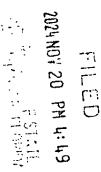


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COVER LETTER

TO: Registration Section - Division of Corporations	
SUBJECT: Lanland Shop LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Landecie Desir Name of Person	
Landland Shop LLC Firm/Company	
18117 BISCAYNE Blud	
Miami, FL 33160 City/State and Zip Code	
LSt tax Pro e G-Mail Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Landette DeSir at (365) 582-2734 Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee □ \$60.00 Filing Fee	tatus &

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

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L) t tax Dro C (-Mail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Landette DeSir at (305) 582-2734 Name of Person Area Code Daytime Telephone Number

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION **OF** 2024 NOV 20 PM 4: 49

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Lanland Shop
(Name of the Limited

	•			
The Articles of Organization for this Limited I Florida document number L 140001		ny were filed on		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lig	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	18117 B	ISCAYNE I, FL 3	BIVD 3160
B. If amending the registered agent and/or agent and/or the new registered office address		e address on our re	cords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	Land	ecie	Desir	
New Registered Office Address:	18117 (BISCAYNe Enter Flor	BIV D	
	Miam	, , , , , , , , , , , , , , , , , , ,	, Florida	33160 Zip Code
New Registered Agent's Signature if changing	Registered Agen	t:		•

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>	Name	Address	Type of Action
MGR	Landecie Desir	18117 BISCAUNE BIND Miami FL 33160	□Add
		1-110ml FT >>100	□Remove
			Change
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ective	date, if other	than the date	of filing:	t ha prior to date	of filing or more tha	(optional) g.) Pursuant to 605.020
<u>te:</u> If ti	he date inserted	l in this block do	pes not meet th	ie applicable st			e will not be listed a
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Filing Fee: \$25.00