(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ___ Special Instructions to Filing Officer: LLC amend

Office Use Only





500451562755

05/28/25--01007--082 ••25.00

SECRETAGE DESTATE
TALLAHASSEE, FL

31 :4 Hd 82 AVM 52

Me1 7-22-25

DigiSign Verified - 990b015a-be86-47cb-b0f4-321ad5cdf8af COVER LETTER

TO: Registration Se Division of Cor				
PB Shoppin				
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Ana Sara De Araujo Trino	lade Soares		
		Name of Person		
	PB Shoppong LLC			
		Firm/Company		
	6331 ADRIANA AVE UNIT 1433			
		Address	- SE SE T	
	Orlando, FL 32819		2025 HAY 2 SECRULYA TALLAH	
		City/State and Zip Code	Y 28	
	PBShopping25@gmail.com	n	tion)	
For further information c	concerning this matter, please c	•	25 MAY 28 PK W 18 CORLIVEY ALL STATE TALLAHABERE, FL	
Bruno Soares		407- 916-6645		
Name o	f Person	Area Code Daytime Te	elephone Number	
Enclosed is a check for the	ha fallowing			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Tilling Tel 2 Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (222) (22	
Mailing Addres	<u>ss:</u>	Street Address:		
Registration S Division of C	Sociitii Somorations	Registration Section Division of Communication	on 	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

DigiSign Verified - 990b015a-be86-47cb-b0f4-321ad5cdf8af

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City		Zip Code
	Orlando, FL		, Florida 32819	
		Enter Florida street aa	ldress	
New Registered Office Address:	6331 Adriana A	Ave unit 1433		
Name of New Registered Agent:				
				M
agent and/or the new registered office address		our cos ou our records, c.	rest the manie o	72 TB
B. If amending the registered agent and/or reg	istered office :	address on our records, er	iter the name o	f the new register
Soares			. <u></u>	- 16.4 - 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Serah De Areujo Trindada		Orlando, Fl 32819		28 28
			-	- [2]
_		6331 Adriana Ave unit 14	13	2025 HAY SECRE
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	Orlando, Fl 32819		
Enter new principal offices address, if applicable:		6331 Adriana Ave unit 14:	 	
The new name must be distinguishable and contain the word	ds "Limited Liabil			viation "L.L.C."
A. If amending name, enter the new name of the	he limited liab	ility company here:		
This amendment is submitted to amend the follow	· ·			
Florida document number L24000248883	•			
The Articles of Organization for this Limited Liab	oility Company	were filed on Way 5184,202	 	and assigned
		a May Ust 202	24	
(<u>Name of the Limited</u> (A	<u>Liability Compa</u> Florida Limited I	iny as it now appears on our re Liability Company)	cords.)	
/Name of the Limited	Lightline Comme	my se it now appears as a	cords)	

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.

DigiSign Verified - 990b015a-be86-47cb-b0f4-321ad5cdf8af if amending Authorized rerson(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
MGR	Ana Sara De Araujo Trindade Soar	6331 Adriana Ave unit 1433	
		Orlando, FL 21819	□Remove
			DAdd
			□ Remove
			□ Change
			□Add
			SECTION ANY OF
			Ehange 28
			∏ Remove
			□Change
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			□Change

DigiSign Verified - 990b015a-be86-47cb-b0f4-321ad5cdf8af

					<u> </u>	
 						
		-				
						
					<u></u>	
						_
· · · · · · · · · · · · · · · · · · ·						
						
						SE(
						SECRETALL HAUSEE FL
		 				工艺
			 			<u> </u>
_						73
						(
ctive date, if other than	the date of fil	ing:			(optional)	
effective date is listed, the date e: If the date inserted in the	is block does no	ot meet the appli	cable statutory	or more than 90 filing requirem	days after filing nents, this date) Pursuant to 605.0 will not be listed
iment's effective date on th	e Department o	of State's record	S.			
ord specifies a delayed effe	artiva data, but e	nut an affactiva	ri at 12:01 .	o se de the cod	ion of the M	~ 00th down = 0
filed.	enve date, out i	not an effective	titile, at 12.01 c	i.m. on the carr	iei oi. (b) Ti	ic 90iii day atter
5/20		2025				
. 2720		_ • • • • • • • • • • • • • • • • • • •	·			
ed						
ed	Brune S	f a member or aut				

Filing Fee: \$25.00