## La40000a61671

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FL

M

## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: NINI	We the house of Lim	1St Shop U	LC		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Milda {	SHLQN Name of Person			
		Firm/Company	·		
	2710 55th	St W			
	lehigh Acro	eS F 33971 City/State and Zip Code			
	E-mail address: (i	to be used for future annual report noti	fication)		
For further information e	oncerning this matter, please ca	all:		2024 AUG SECRET TALLA	
Wilda E Name of	Stelan Person	at ( <u>239</u> ) <u>Loo3</u> - Area Code Daytim	9789 e Telephone Number	A AUG 12 AM G CRETARY OF S FALLAMASSEE	
Enclosed is a check for th	ne following amount:			8: 19 STATI E, FL	ار
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Fee, The Status & Dy	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St Shop LLC	
Florida Limited Liability Company)	
ility Company were filed on <u>JUAL 10th 205</u> 871.	24 and assigned
ing:	
ne limited liability company here:	
ds "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
le:	
ADDRESS)	
	<del></del>
<u></u>	
	2024 SEC T/
istered office address on our records, <u>enter the na</u> <u>here</u> :	me of the new registered
	25.5V
Entre Florida streat addrage	STAIL 9
	m ω
, Florida,	Zip Code
	ing:    Se   Company   Se   Company

## 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
MOR	inlida Estelar	2710 55th Stw lehight F1 33971	(1053xdd
			□Remove
		<del></del>	□Change
			□Add
			□Remove □Change
			□ Change
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			TALL/HASSEE, FL
			Chapse
			□Remove
			□Change
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			□Remove
			□ C 1

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I took my daughter OFF as manager
,	and Usted muself instead.
Effec	tive date, if other than the date of filing:
(If an c: <u>Note:</u>	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	rd 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
he reco ord is f	rd 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 filed.
Dated	HU9UST 8, 60 2024.
	11 ) ilda Sontila
	Signature of a member or authorized representative of a member
	1. lilla Calalac
	Typed or printed name of signee