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COVER LETTER

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TO: Registration Security Division of Corp					
SUBJECT: ALL	-S Retail L	tr			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Istacl G	-i 6i			
		Name of Person			
	AILS Reto	iil LLC			
		Firm/Company			
	2125 Stirlin	14 RD			
		Address			
	Fort Lauler	Tall to 25112			
	1011 0000	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	fication)		
For further information co	oncerning this matter, please c	all:			
Istael	Civi	at (786) 693-			
Name of	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:				
¥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration S Division of C			Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of T	-		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ails ketall LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on a da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number L24300279 [[This amendment is submitted to amend the following:		3/2024	and assigned
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable:		ation "LLC" or the abb	reviation "L.L.C."
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		94. 94. 24.	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
	imer i ioruu si		
	City	, Florida	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
MGR	Leeton Galimidi	1508 saint thomas circle, Myrtle Beach, Sc, 29577	DAdd
			□Remove
AMBR	4		□Change
	ADAM SANCET	- 10077 SW 55 ST COOPER SITY PL 33	AAdd 3.2P
			□Remove
			□Change
			□Add
			Remove
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	te, if other than the o	date of filing:		(optional)		
. Effective da	late is listed, the date must date inserted in this blo	t be specific and cannot be ock does not meet the	e prior to date of filing applicable statutory	or more than 90 days filing requirement	s after filing.) I s, this date w	Pursuant to 605.0. vill not be listed	207 (3)(Las the
(If an effective d	occurrence describes Do	epartment of State's re-	cords.	_			
(If an effective d	rrective date on the De						. . .
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(If an effective d Note: If the c document's e the record speci	ifies a delayed effective		<u>г</u> Н		of: (b) The	90th day after t	

Typed or printed name of signee