Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown 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 : LEGAL TEAM PLLC Account Number : 120210000040 Phone : (786)307-2393 Fax Number : (786)524-3342

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

ksuarez@legalteamservices.com

i Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOPIX LLC

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Help

From: Karel Suarez

2024-11-21 14:44:25 GMT

Docusign Envelope ID. CF61EEC4-EECD-4EA7-847C-CBE8EA27523D **COVER LETTER**

TO: Registration Section Division of Corporations SHOPIX LLC SUBJECT: 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: KAREL SUAREZ, ESQ. Name of Person THE LEGAL TEAM PLLC Firm/Company 4000 PONCE DE LEON, SUITE 470 Address CORAL GABLES, FL 33146 City/State and Zip Code KSUAREZ@LEGALTEAMSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call-ERICK TRELLES Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & 3 \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

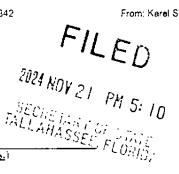
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Street Address:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SHOPIX LLC

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

he Articles of Organization for this Limited Liability Compar	ny were filed on 07/01/	2024 and assigned	
lorida document number 1.24000293729	<u></u>		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	ability company here:		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		, . <u>.</u>	
		<u></u>	
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
4.50		udo outou the name of the pair vegict	
If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our reco	rds, enter the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
		, Florida	
	City:	Zip Code	
ew Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
hereby accept the appointment as registered agent and ay rovisions of all statutes relative to the proper and complete	gree to act in this cap	acity. I further agree to comply with	

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.

From; Karel Suerez

To: Page: 4 df 5 2024-11-21 14:44:25 GMT 17865243342 From; Karel 5 Docusion Envelope ID. CF61EEC4-EECD-4EA7-847C-CBE8EA27523D 11 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

Title	<u>Name</u>	Address	Type of Action
MGR	YUSDANY ROJAS PEREZ	10843 NW 7TH STREET APT. 12	■Add
		MIAMI, FL 33172	□Remove
			□ Change
			□Add
			Remove
			MANUEL ST.
			□ Remove 5
			□Change
			□Add
			□Remove
			□Change
		1	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

OCTOBER 8	2024	
ateu	Firmado por:	
	(Thorasi)	
	Signature of a member or authorized representative of a member	т
YASIEL ROJAS R	ODRIGUEZ	
	Typed or printed name of signee	<u> </u>

Filing Fee: \$25.00