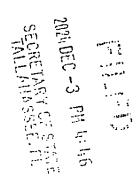
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## **COVER LETTER**

Division of Co				
	TH VALLEC			
SUBJECT:	Name of Lim	ited Liability Company		
9N Amiral Amir	F. A mondmont and Engle's grassib	mitted for filing		
	Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
	VALQUIRLITSO			
	<del></del>	Name of Person		•
	SHCP WITH VALLEC			
		Firm/Company		
	330 APACHE LANE			2021 SE
		Address		TALL TO THE TALL THE
	BOCA RATON, FL 33487	7		2024 DEC -3 PH IN 46 SECRETARY OF STATE SECRETARY OF STATE
	<del></del>	City/State and Zip Code		TAN E
	VALQUIRIAITSO10@GM	IAIL.COM to be used for future annual report notil	Section	のの元
For further information	concerning this matter, please c		reation)	一点
		239 2967327		
VALQUIRIA ITSO	<i>c</i> 0	at ()	e Telephone Number	<del></del>
Name	of Person	Mea Code Dayting	e retephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addro Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOP WITH VALUE			
( <u>Name of the Limited Li</u> (A Fi	ability Compa orida Limited I	ny <u>as it now appears on our records.</u> ) hability Company)	
The Articles of Organization for this Limited Liability Clorida document number 1.246.00314233	ity Company	were filed on <u>07/15/2024</u>	and assigned
his amendment is submitted to amend the followin	រត់:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
LOVVE STORE LLC			
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		XXXXXXXXXXXXXX	
		XXXXXXXXXXXXXXX	5 201
	<del></del> -	XXXXXXXXXXXXXXX	2024 DEC
Enter new mailing address, if applicable:		xxxxxxxxxxxx	THE CONTRACTOR OF THE PARTY OF
(Mailing address MAY BE A POST OFFICE BOX)	<u>K)</u>	XXXXXXXXXXXXXXXX	- The F
		XXXXXXXXXXXXXXX	<u> </u>
B. If amending the registered agent and/or regisagent and/or the new registered office address he		address on our records, <u>enter th</u>	rename of the new registe
Name of New Registered Agent:	XXXXXXXX	«xxxxxx	
New Registered Office Address:	XXXXXXXX	XXXXXXX	
<del></del>		Euron Claulda stuant ielduna.	

## 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.

XXXXXXXXXXXXXXX

\_\_\_\_\_, Florida XXXXX Zip Code 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

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is filed.							·		J	
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Typed or printed name of signee