## L24000316989

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## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
SUBJECT	A to Z Shop	p LLC		
SUBJECT	·	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		John Oakley		
			Name of Person	<del></del>
		A to Z Shop LLC		
			Firm/Company	
		28627 Montecristo Loop		
		••	Address	
		Bonita Springs FL 34135		
			City/State and Zip Code	
		johnfoakley@aol.com		
For further	information o	E-mail address: (  oncerning this matter, please c	to be used for future annual report no all:	tification)
John Oakle		,	336 210-6732	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ro D P.	ailing Address egistration S ivision of Co O. Box 632	Section orporations 7	Street Address: Registration So Division of Co The Centre of	orporations Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A to Z Shop LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our recorted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L24000316989		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		9 T
Enter new mailing address, if applicable:		N 12: 5
Mailing address MAY BE A POST OFFICE BOX)		₹•¹
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	555
	FI	lorida
	Citv	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 Changing Registered Agent, Signature of New Registered Agent

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	John Oakley	28627 Montecristo Loop, Bonita Springs FL 34135	<b>=</b> Add
			□Remove
			□Change
		<del>.</del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
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		<del></del>	□Remove
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(If an cfi	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	August 27 . 2024
	August 27. 2024  Signature of a member or authorized representative of a member
	James Ryan Typed or printed name of signee