P1800055312

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LLL'S WHOLESALE, RETAIL, AND LEASING CO
DOCUMENT NUMBER:	P18000055212
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	Aldion Cili
	Name of Contact Person
	LLL'S WHOLESALE, RETAIL, AND LEASING CO
	Firm/ Company
	5299 ST AUGUSTINE RD
·—-	Address
 -	JACKSONVILLE, FL 32207
	City/ State and Zip Code
	aldioncili95@gmail.com
E-mail a	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Aldion Cili	at (904) 207-2537
Name of Contact Pe	rson Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
	25 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section of Corporation of Corporation of Corporation (Corporation of Corporation (Corporation of Corporation of Cor	Amendment Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

FILED

LLL'S WHOLESALE, I	RETAIL, AND LEASING CO
(Name of Corporation as	currently filed with the Florida Dept. of Stale) 52
P18	000055212 F STATE
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
Not Applicable	The new
	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co".—A professional corporation name must contain the word in "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>)	5221 SAINT AUGUSTINE RD JACKSONVILLE, FL 32207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5221 SAINT AUGUSTINE RD JACKSONVILLE, FL 32207
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	lorida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice Presiden.; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	рт	, John Dee	
X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	LLESHI, LEK	5221 ST AUGUSTINE RD
Add			JACKSONVILLE, FL 32207
_X_Remove			
2) Change	TSD	Aldion Cili	<u>5299 ST AUGUSTINE RD</u> JACKSONVILLE, FL 32207
\times Add			
Remove 3) Change	D	Robert Marku	5299 ST AUGUSTINE RD JACKSONVILLE, FL 3220
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Not Applicable	
·	
	
	···
If an amendment provides for an excha	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament it not contained in the amendment users.
Not Applicable	

• • • • •

The date of each a	mendment(s) adoption: March 21, 2024	, if other than the
date this document	was signed.	
Effective date if ap	oplicable: March 21, 2024	
	(no more than 90 days after amendment file date)	
	nserted in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.	fill not be listed as the
Adoption of Amen	dment(s) (CHECK ONE)	
☐ The amendment action was not re	(s) was/were adopted by the incorporators, or board of directors without shareholder action a equired.	nd shareholder
☑ The amendment(by the sharehold	(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval.	
	(s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):	
"The numb	per of votes cast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
D	Dated March 21, 2024	
S	ignature	_ _
	(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Aldion Cili	
	(Typed or printed name of person signing)	
	Secretary, Treasurer, Director	
	(Title of person signing)	