I hereby certify that the information indicated on this report or supplemental report is true and accurat	te and that my electronic signature shall have the s	ame legal effect as if made under		
oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and				
that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE [,] TORIANO ROBERTS	OWNER	05/23/2024		

SIGNATURE: TORIANO ROBERTS

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

ROBERTS, TORIANO O 4241 NW 35TH ST GAINESVILLE, FL 32605 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	ROBERTS, TORIANO	Name	MARTINEZ, AMEERA K
Address	P.O. BOX 6229	Address	P.O. BOX 6229
City-State-Zip:	GAINESVILLE FL 32627	City-State-Zip:	GAINESVILLE FL 32627

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000150922

Entity Name: DOING A GOOD DEED CONSIGNMENT SHOP LLC

Current Principal Place of Business:

113 NE 16TH AVE GAINESVILLE, FL 32601

Current Mailing Address:

P.O. BOX 6229 GAINESVILLE, FL 32627 US

FEI Number: 84-2148740

Date

Certificate of Status Desired: No

FILED May 23, 2024 Secretary of State 2201723575CC

Date