L46000159913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 15 2019

2019 SEP 30 PM 5:10

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** S.P. TECH ENTERPRISES, LLC
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:

Matthew BERSTECHER
Name of Person

Firm/Company

239 NODDY ROAD
Address

BUDA, TX 78610
City/State and Zip Code

matt@factionsupplements.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Berstecher at (717) 725-8048
Name of Person — Area Code — Daytime Telephone 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)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO
# ARTICLES OF ORGANIZATION
# OF

S.P. TECH ENTERPRISES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/25/2016 and assigne

Florida document number L16000159913.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

239 NODDY ROAD
BUDA, TX 78610

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**B. If amending the registered agent and/or registered office address on our records, enter the name of tl registered agent and/or the new registered office address here:**

Name of New Registered Agent: _____

New Registered Office Address: _____
*Enter Florida street address*

_____, **Florida** _____
*City* *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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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**

or removed from our records:

**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Ac |
|---|---|---|---|
| AMBR | GREGORY, GRANT | 35 W PINE ST #220 | |
| | | ORLANDO, FL 32801 | ☐ Add |
| | | | ■ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
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| | | | ☐ 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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.

Dated August 23, 2019.

DocuSigned by:
Matt Berstecher
F4AAC734C93CF49E...
Signature of a member or authorized representative of a member

Matthew BERSTECHER, Manager of sole member
Typed or printed name of signee



**Filing Fee: $25.00**