

46 000 159913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

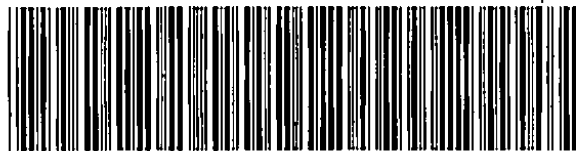
(Business Entity Name)

(Document Number)

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OCT 15 2019

2019 SEP 30 PM 5:10  
SEP 30 2019  
STATE

*Handwritten signature*

# 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 BERSTECHE**

\_\_\_\_\_  
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**

**717**

**725-8048**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 assigned  
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

FILED  
2019 SEP 30 PM 5:10  
CLERK OF DISTRICT COURT  
HARRIS COUNTY, TEXAS

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>    | <u>Type of Ac</u>                          |
|--------------|----------------|-------------------|--------------------------------------------|
| AMBR         | GREGORY, GRANT | 35 W PINE ST #220 | <input type="checkbox"/> Add               |
|              |                | ORLANDO, FL 32801 | <input checked="" type="checkbox"/> Remove |
|              |                |                   | <input type="checkbox"/> Change            |
|              |                |                   | <input type="checkbox"/> Add               |
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|              |                |                   | <input type="checkbox"/> Change            |

Lined area for document content.

**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*

~~Full Name of Signer~~

Signature of a member or authorized representative of a member

Matthew BERSTECHEER, Manager of sole member

\_\_\_\_\_  
Typed or printed name of signer