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(Requestor's Name)
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(City/State/Zip/Phone #)
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02/09/24--01002--025 **25.00

COVER LETTER TO: Registration Section **Division of Corporations** lame 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: Roksolana Long Name of Person ASPIS LLC Firm/Company 1385 Remington Ct ap 8202 Naples, FL 341/0 City/State and Zip Code ROKS O Lana Q V ter. CO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roks Olana Love at 56/ 690 54 25 Name of Person Area Code Daytime Telephone Number

Mailing Address:

☑ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASPIS LL	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000/68248</u>	were filed on $\frac{07/12/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ER LLC
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	1385 Remington Ct
Enter new molling address of applicables	1385 Remington Ct Ap 8202 Naples, FL 34110
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1385 Remington Ct ap 820 Naples, FL 34110
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	exsolana Long
New Registered Office Address: /385	Remington Ct ap 8202
	Enter Florida street address Naples Florida 34110 Tip 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
			□Add
			□Remove
			□ Change
		·	□Add
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Effecti	e date, if other than the date of filing: (optional)	
f an effe Note:	tive 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. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	.0207 ed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the record is filed.	er of
Dated _	February 1, 2024	
	Signature of a member or authorized representative of a member	