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	tration Sect on of Corpe					
SUBJECT:	SP Services	LLC				
SOBJECT		Name of Lim	ited Liability Company			
The enclosed A	aticles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please return al	l correspone	lence concerning this matter	to the following:			
		Angela Blackman				
			Name of Person			
		SSP Services, LLC				
			Firm-Company			
		4532 W Kennedy Blvd #2	77			
		-	Address			
		Tampa, FL 33609				
			City/State and Zip Code			
		blackman.angie'a' gmail.cor	n			
		E-mail address (to be used for future annual report notificat	on)	<i>-</i> :5	
For further info	rnution con	cerning this matter, please ca	all:		? ?} }	
Angela Blackn			352 427-6344 at ()		, j	
	Name of P	ersin	Area Code Daytime Te	lephone Number	::	- -
Enclosed is a ch	neck for the	following amount:			иг .л	· 건설 등
■ \$25,00 Film	ng 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)		Ŧ.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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ARTICLES OF			·
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ARTICLES OF O	JRGANIZA HOP)F		.5
O .	7 F		J\
SSP Services, LLC			- 20
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on ou Liability Company)	ir records.)	
ne Articles of Organization for this Limited Liability Company	were filed on $\frac{0.1/1.47200}{0.000000000000000000000000000000000$	09	_ and assigned
orida document number 1.09000004458			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
ngela Blackman, LLC			
e new name must be distinguishable and contain the words "Limited Liabit	dity Company," the designati	ion "LLC" or the abbrev	dation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX			
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
No. Do in al Office Alle			
New Registered Office Address:	Enter Florida stre	ret acktress	-
		Florida	
	Ciţ	, Fiortia 	Zip Code
w Registered Agent's Signature, if changing Registered Agent:			
w Registered Agent's Signature, if changing Registered Agent:	ee to act in this capaci	ity. I further agree dies, and I am fami	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
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Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applica	o date of filing or more than 90 ble statutory filing requiren	(optional) days after filing.) Pursuant to 605,0207 nents, this date will not be listed as
he record specifies a delay The 90th day after the re	ed effective date, but not ecord is filed.	an effective time, at	12:01 a.m. on the earlier of
October 22 Dated	2019		
		Z1 ,	
	nagion 1	ized representative of a memb	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00