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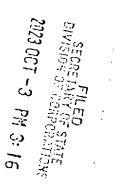
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Y. SCOTT OCT 15 2023

TO:	Registration Section
	Division of Corporations

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:

GREGORY TEISAN
Name of Person
78 Spanish Sheet Lasing Ageny Ll
Firth/Company 0
1102 Duke Street 3 558
Address
Hexaudria UA 27314 3 ORTH
E-mail address: (to be used by future unmail report notification)
For further information concerning this matter, please call:
Majne of Arson 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 Address: - Far Fesey Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## CLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

Λ

(Name of the Limited Liability Company	y as it now appears on our records) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{1100045548}{1100045548}$ .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability."	Aspaca LLC
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)	1102 Duke Street Alexandria, VA 22314
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	<del>3</del> 5
New Registered Office Address:	Enter Florida street address  Florida
	City Zip Code 77
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 amending or removed fr	d to man	age, enter the title, name, and address of each	person being added
MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
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		Alexandria VA 22314	□Remove
(			Change
<u>44BR</u>	GREGORY TeiSAN	1102 Duke Street Alexandria, VA 223	_ StAdd
	7	Alexandria, VA 223	Remove
			Change
	<del></del>		□ Add
		Ž123 0CT-	C□Remove
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 $\Box Add$ 

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effective date is listed, the e: If the date inserted i	han the date of filing: date must be specific and c in this block does not me on the Department of Sta	cannot be prior to date of eet the applicable statu	filing or more than 90 story filing requirer	(optional) days after filing.) Pursua nents, this date will no	ant to 605.020 of be listed a
cord specifies a delayed filed.	l effective date, but not a	in effective time, at 12	:01 a.m. on the ear	lier of: (b) The 90th	day after th
ed Sept		2023			
	Signatura at a m	edober or authorized reni	recentative of a memo		