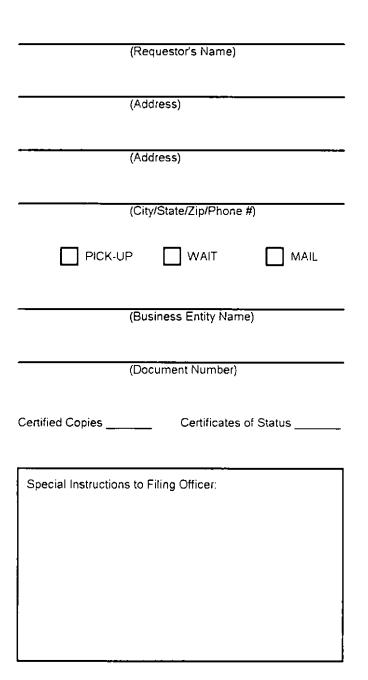
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor		·	
SUBJEC	Spear Prope	erties. LLC		
SUBJEC	· :	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	urn all correspo	ndence concerning this matter	to the following:	
		Garry Figler		
			Name of Person	
		Spear Properties, LLC		
		 	Firm/Company	
		732 Legacy Park Dr		
		Address		
		Casselberry, Fl 32707		
			City/State and Zip Code	
		gfigler@advancedmillwork	net to be used for future annual report not	differentian
For furthe	r information c	oncerning this matter, please co		meatony
Garry Fig	ler		407 466-9191 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	O Boy 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spear Properties, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number L13000053281	were filed on $\frac{4/10/2013}{}$		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		ça 	2024
		<u>></u> 0	
			PR 2
Enter new mailing address, if applicable:			²⁶ L
(Mailing address MAY BE A POST OFFICE BOX)		10 C	
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	, enter the name o	f the new register
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Florida stree	rt address	
		, Florida	
	City		Zıp 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 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>	<u>Address</u>	Type of Action
MGR	Shea Figler	732 Legacy Park Dr	■Add
		Casselberry, Fl 32707	□Remove
			⊡Change
			□Remove
			□ Change
			□Add
			□ Remove
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ective date, if other than a reffective date is listed, the date: If the date inserted in trument's effective date on	this block does not a	meet the applicab	date of filing or more le statutory filing r	than 90 days after fili equirements, this da	ng.) Pursuant to 605.0207 are will not be listed as
ecord specifies a delayed et	ffortiva data, but no	st an affostiva tim	n at 12:01 a m on	the continue of this	The U0th day often the
is filed.	rective date, but no	an enective time	C. at 12.01 d.m. Off	are carrier or. (0)	The 70th day after the
April 18		2024			
ted	<u></u>	. •	. ·		
			zed representative of		

Filing Fee: \$25.00