

4/6/22, 4:34 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SOUSA & ASSOCIATES INC
Account Number : I20190000111
Phone : (407)800-7028
Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SP DIMPLE LLC

Certificate of Status	0
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2022 MAY 11 PM 4:13
STATE OF FLORIDA
TALLAHASSEE
MAY 13 2022

2022 MAY 11 PM 1:32

Electronic Filing Menu

Corporate Filing Menu

Help

H220001260563

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H220001260563

SP DIMPLE 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 12/01/2014 and assigned
Florida document number L14000183528.

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:

3215, TOCOA CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE 34746 FL

Enter new mailing address, if applicable:

3215, TOCOA CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE 34746 FL

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

Name of New Registered Agent:

Sousa & Assoc

New Registered Office Address:

5728 Major Blvd Ste 309

Enter Florida street address

Orlando

City

Florida

32819

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

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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>	<u>Type of Action</u>
<u>MGR</u>	<u>CARLOS TORRES</u>	<u>3215, TOCOA CIRCLE</u>	<input type="checkbox"/> Add
		<u>KISSIMMEE 34746 FL</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>VERA L TORRES</u>	<u>3215, TOCOA CIRCLE</u>	<input type="checkbox"/> Add
		<u>KISSIMMEE 34746 FL</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

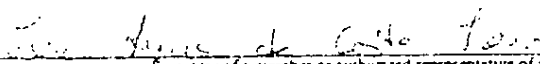
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 (3)(b):
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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: April 06, 2022



Signature of a member or authorized representative of a member

VERA L. TORRES

Typed or printed name of signer