L15000090650

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(Ac	dress)	
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(Ci	ty/State/Zip/Phone	; #)
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COVER LETTER

TO)	Registration Se Division of Cor			
SUBJEC	C) (10)	HOUSE, LLC		
SOBUL	· · ·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Michael A Scott, Esq.		
			Name of Person	
		The Dorcey Law Firm, PL	С	
			Firm/Company	
		10181 Six Mile Cypress Pa	arkway, Suite C	
			Address	
		Fort Myers, FL 33966		
			City/State and Zip Code	
		mike@dorceylaw.com E-mail address: (i	to be used for future annual report notifica	ation)
For furtl	her information co	oncerning this matter, please ca	all:	
Michael	l Scott		239 418-0169	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:		
	.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)
		ING ADDRESS: ation Section	STREET/COURIER Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIEGEL HOUSE, LLC		
(<u>Name of the Limited Liab</u> (A Flor	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000090650	Company were filed on 05/21/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		2015
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		To a series
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, <u>ent</u> <u>Idress here</u> :	er the name With new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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

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
MGR	Garrett T. Puzzo	PO Box 5553	☐ Add
		Sarasota, FL 34239	☐ Remove
			☐ Change
MGR	Stephanie L. Puzzo	PO Box 5553	Add
		Sarasota, FL 34239	□ Remove
			☐ Change
			🗖 Add
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an effective date is listed, the ote: If the date inserted incument's effective date o	n this block does not r	neet the applicable	late of filing or more t e statutory filing rec	han 90 days afler filing.) quirements, this date w	Pursuam to 605 3720 vill not be list ed a
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