## 115000199810

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only

RH 8: 20



600304775946

10/24/17--01001--007 \*\*30.00

FILED

17 OCT 23 AM II: 07

AT STATE

S. WARREN 0CT 2 5 2017

## **COVER LETTER**

Division of Cor	porations		
SSPA LLC			
30001.01.	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Sladja Stantic	_	
		Name of Person	
	SSPA LLC		
		Firm/Company	
	5120 Cherokee Ave.		
	<del> </del>	Address	
	Miami Beach, FL 33140		
		City/State and Zip Code	
	ssmiami@gmail.com		
	E-mail address: (t	o be used for future annual report notifica-	ation)
For further information co	oncerning this matter, please ca	III:	
Eric van der Vlugt		305 865-8718	
Name of	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

TO:

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

SSPA LLC			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
ne Articles of Organization for this Limited I	Liability Company were	îled on 11/30/2015	and assigned
orida document number 1.15000199810	·		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability co	ompany here:	
ne new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			***
nter new mailing address, if applicable:	<del></del>		
<u> Iailing address MAY BE A POST OFFICE</u>	<u></u>		· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and gistered agent and/or the new registered of		ddress on our records, <u>er</u>	iter the name of the
gistered agent and/or the new registered (	mice address here.		17 (
Name of New Registered Agent:	Sladja Stantic		OCT 2
New Registered Office Address:	5120 Cherokee Ave.		See
		Enter Florida street address	
	Miami Beach	, Florid	33140
	C	<i>ù</i> .	<u> </u>

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.

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
AMBR	Slada Stantic	5120 Cherokee Ave.	<b>■</b> Add
		Miami Beach, FL 33140	□ Remove
			☐ Change
AMBR	Eric van der Vlugt	1111 Kane Concourse	
		Ste 209	Remove
		Bay Harbor Islands, FL 33154	☐ Change
	<del></del>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			Add
		<del></del>	□ Remove
			Chunge
			Remove
			C C
			Change FILE
			FILED REPORT OF THE PROPERTY O

D. Hamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
_	
<del></del>	
E Effectiv	a data if athor than the data of Elina.
(If an effec	e date, if other than the date of filing:
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at selfective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 10th day after the record is filed.
(U) THE S	our day arter the record is flied.
Dated _	Ocrober 10th 2017
_	
	Signature of a member or authorized representative of a member
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
	Sladja Stantic
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

Filing Fee: \$25.00