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J. HARRIS

## **COVER LETTER**

	sion of Cor						
SUBJECT:	SPJP HOLI	DINGS, LLC					
Name of Limited Liability Company							
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Shivon Patel, Esq.		•			
			Name of Person				
		The Principal Law Firm, F	P.L.				
		M. M. M. P. M	Firm/Company				
		4907 International Parkwa	y Suite 1061				
			Address				
		Sanford, Florida 32771					
			City/State and Zip Code				
		Shivon@principallaw.net					
		E-mail address: (	to be used for future annual report noti	fication)			
For further inf	formation co	oncerning this matter, please c	all:				
Shivon Patel,	Esq.		407 322-3003 at ()				
	Name of	Person	at () Area Code Daytime	c Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 Fil	ling 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPJP HOLDINGS, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000110726.	and assigned	
Γhis 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 Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15680 Marina Bay Drive	TA'S
Principal office address MUST BE A STREET ADDRESS)	Winter Garden, Florida 34787	CC 7 UN
Enter new mailing address, if applicable:	15680 Marina Bay Drive	II9 AH
Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, Florida 34787	S <b>G</b> (
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	1
	City	Zip Code

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 **Title** <u>Name</u> **Address Type of Action** \_□ Add \_□ Remove ☐ Change \_□ Add \_□ Remove \_□ Change \_ Add ☐ Remove ☐ Change \_□ Add \_□ Remove ☐ Change

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te: If the date inserted in thi	the date of filing:	(option filing or more than 90 days after filtory filing requirements, this continues the second sec	ial) ling.) Pursuant to 605.020 late will not be listed as
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Jitesh Parmar	Signature of a member or authorized rep	resentative of a member	19 AM ARY OF USSEE F

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Filing Fee: \$25.00