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(Requestor's Name) (Address)	30036920
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(3)

COVER LETTER

TO: Registration Section

Division of C	Corporations				
SPQR H	OLDINGS, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	SNEZANA KNEZEVICH				
	<u>-</u>	Name of Person			
	SPQR HÖLDINGS, LLC				
		Firm/Company			
	13104 SPRING LAKE DE	RIVE			
		Address			
	COOPER CITY, FL 33336	0			
		City/State and Zip Code			
	Admin@domus-constructio	on.com to be used for future annual report noti	fleation)		
For further information	n concerning this matter, please c		incarion,		(?)
John Ryan	, , , , , , , , , , , , , , , , , , , ,	954 931-1159		•	,
	e of Person	at () te	e Telephone Number	r	
					i
Enclosed is a check fo	r the following amount:			\(\frac{1}{2}\)	フ
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Contadditional cop	of Status & opy	
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000134840}{1.16000134840}$	were filed on 05/20/2016	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	ity Company," the designation "LLC" or the	ibbreviation	"L.L.C."
Enter new principal offices address, if applicable:		_	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ne of the	new regis
Name of New Registered Agent:			,
New Registered Office Address:		;	•
the registered office raddress.	Enter Florida street address	<u>.</u> بدر	· ;
	, Florida		J
	City	Zip C	ode

New Registered Agent's Signature, if changing Registered Agent:

SPOR HOLDINGS LLC

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	SNEZANA KNEZEVICH	13104 SPRING LAKE DRIVE	□Add
		COOPER CITY, FL 33330	Remove
			□Change
MGR	JOHN RYAN	13104 SPRING LAKE DRIVE	■ Add
		COOPER CITY, FL 33330	□Remove
			☐ Change
			Remove)
			☐ Change
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

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