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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SOTIR ZOTO Name of Person
SASP LIC Firm/Company
61 Carriage Creek Way
20TO-SOTO @ hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SOTIL 2070 at 312 45-8474 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, 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

SA:	SP LLC_
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on April 13, 2014 and assigned 26.36.06
This amendment is submitted to amend the following	y.
A. If amending name, enter the new name of the	limited liability company here:
	<u> </u>
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbrevision "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	ODRESS)
	DORESS) CHARLES PROPERTY OF THE PROPERTY OF T
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u>
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 = Au	thorized Member						
<u>Title</u>	<u>Name</u>		Address			Type of Act	
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Filing Fee: \$25.00