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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: B. SPANGL Name of	ER LLC
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Rob	Name of Person
	Self Firm/Company
Po	$Bo \times 3156 \%$ Address
Dun	nellon, FC 34430-356 City/State and Zip Code
Bobe E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this matter, please	se call:
Robert SSpangler II	at (<u>352</u>) <u>615 - 8048</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. SPANGLE	erLLC
(Name of the Limited Liability Compa (A Florida Limited L	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000 241537</u> .	were filed on 91 01 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Robert 5 Son agent The new name must be distinguishable and contain the words "Limited Liabile Contains the Contains the words "Limited Liabile Contains the	LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	922 DE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EC-5 AH 8: 09
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 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
			□Add
			□Remove
			DAdd
			□Remove
			□Change
			DAdd
		. <u></u>	□Remove
			□ Change
		 	□Add
			□Remove
			□Add
			□Remove
			□Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	re date, if other than the date of filing: AT 12.01 Am 12.01 Zo 22 (optional) entire date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	November 30th, 2022.
	No vember 30th, 2022 Signature of a member or authorized representative of a member
	ROBERT S SPANGIER III Typed or printed name of signce

Filing Fee: \$25.00