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COVER LETTER

TO: Registration S Division of Co			
	IN GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NADEAN C. GREGOR		
		Name of Person	
	ATLANTIC NONLAWY	ER SERVICES, INC.	
		Firm/Company	
	1592 N. Hwy. A1A		
		Address	
	Satellite Beach, FL 32937	,	
		City/State and Zip Code	
	alsi@atlanticnonlawyer.cor E-mail address: (n to be used for future annual report notification	on)
For further information	concerning this matter, please c	all:	
NADEAN C. GREGOI	₹	321 773-2020	
Name	of Person	Area Code Daytime Tele	ephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	ntions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SPAIN GROUP, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Horida document number L18000189487	oility Company	were filed on August 8, 2018	and assigned
This amendment is submitted to amend the follow	/ing:		
a. If amending name, enter the new name of the	he limited liab	ility company here:	
he new name must be distinguishable and contain the word	de at instruct Liabil	lity Company "the decignation "LLC" or the	w abbreviation "LLC"
_		115 Hickory Street, Suite 204-E	e aboreviation E.E.C.
inter new principal offices address, if applicab		Melbourne, FL 32904	
Principal office address MUST BE A STREET	ADDRESS)		-3
			न • त
inter new mailing address, if applicable:			1
Mailing address MAY BE A POST OFFICE BOX)			377
			<u>5</u>
			9.1
3. If amending the registered agent and/or regigent and/or the new registered office address		address on our records, <u>enter the n</u>	name of the new regist
Name of New Registered Agent:	ATLANTIC NO	ONLAWYER SERVICES, INC.	
New Registered Office Address:	1592 N. Hwy. A		
		Enter Florida street address	
	Satellite Beach	. Florida	32937

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.

City

Madean C. Dreyor
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
	N/A		□Add
			□Remove
			□Change
			bbA
			Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Remove
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Effective date, if other than the date of filing: (If an effective 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 60. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5.0207 (3)(ted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.	er the
Dated December 18+14. 2020.	
Signature of a member or authorized representative of a member	

Typed or printed name of signee