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COVER LETTER

TO: Registration Division of C			•	
SUBJECT:	SPAL MARA	2 14C		
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	unitted for filing.	·	
Please return all corres	pondence concerning this matter	to the following:		
	MARKO	M/JATOVIC Name of Person	22	
	SPALM	Name of Person ARK LLC Firm/Company		•
	3101 POR	-T ROYALE BLV Address	0, APT. L 334 > 3308 2. COM/ fication)	つ
	FORT LAUD	ERDALE, FL, 3 City/State and Zip Code	3308 7	
	M/t ルバンス E-mail address: (TOVICE GAIA 12 to be used for future annual report notif	L.COM	
For further information	concerning this matter, please c			
MARKO Name	11 JATO VIC	at (<u>305)</u> <u>998</u> Area Code Daytimo	9822 e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S \$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)	
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPALMAI	2 <i>K</i>	440	-	!				
(Name of the Limited (A	<u>Liability Co</u> Florida Lim	ompany as lited Liabilit	t now appe y Company	ars o <u>n our r</u>)	ecords.)			
The Articles of Organization for this Limited Liab	oility Comp	oany were	tiled on _	JANUA	ARY C	7,2019an	d assigr	ned
Florida document number <u>L 19 000 00</u>	<u>8594</u>							
This amendment is submitted to amend the follow	ing:							
A. If amending name, enter the new name of the	he limited	liability c	ompany l	<u>here</u> :				
				<u> </u>				
The new name must be distinguishable and contain the work	ds "Limited I	Liability Co	mpany," the	designation	"LLC" or	the abbreviatio	in "L.L.C	
Enter new principal offices address, if applicab	le:			-				
(Principal office address MUST BE A STREET	ADDRESS	<u>s)</u>					2	
					_	<u> </u>	<u>.</u>	
							<u> </u>	هو منهدي منو
Enter new mailing address, if applicable:							<u>-</u>	1
(Mailing address MAY BE A POST OFFICE BO	<u> (2X)</u>						<u>></u>	
						ر ، اسم		
							2,7	
B. If amending the registered agent and/or registered agent and/or the new registered office			address a	n our rec	eords, <u>er</u>	<u>iter the na</u>	me of	the new
The second secon	C MICH COS			•				
Name of New Registered Agent:								
New Registered Office Address:				•				
			Enter Fl	orida street a	ddress			
					_, Florid:	a		
		C	ity		_	Zip C	ode	
New Registered Agent's Signature, if changing Reg	istered Ag	ent:						

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

MGR = M: AMBR = At	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MANAGEL	MARKO MIJATOVIC	3101 PORT ROYALE BLUD, , FORT LAUDERDALE, FL, 33308	A PT. L 334 MAdd
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Filing Fee: \$25.00