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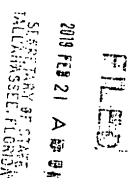
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJI	SPW Holdi	ngs, LLC		
SUBII	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Adrienne Brace		
		Adrienne Brace, CPA, PA	Name of Person	
		120 Venetian Way, Suite 1	Firm/Company 5	
		Merritt Island, Fl 32953	Address	
		abrace@abracecpa.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Adrier	nne Brace	f Danson	321 417-5544 at () Area Code Daytim	e Telephone Number
	Name O.	reison	Area Code Daytill	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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 ADDRESS:

TO:

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

FILED,

SPW Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.) FEB 21 A & 34

The Articles of Organization for this Limited Liability Company	were filed on 02/05	/2019 SESSETARY OF STATE.
Florida document number L19000036681		
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 Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "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 of registered agent and/or the new registered office address her		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Addiess.	Enter Floride	i street address
	Florida	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	v duties, and I am familiar with and apter 605, F.S. Or, if this document is

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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Fredric Bouvard		□ Add
		332B Chemin De Speracedes Le Tignet, FR 06530 FR	■ Remove
			□ Change
MGR	Frederic Bouvard	332B Chemin De Speracedes Le Tignet, FR 06530 FR	
			☐ Remove
			Change
			□ Add
			☐ Remove
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	01/21/2010			
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Do	t be specific and cannot be prior to ock does not meet the applicab			
e record specifies a delayed The 90th day after the reco		an effective time, a	t 12:01 a.m. on the earl	ier of:
Dated February 15	. 2019	e.		
	Signature of a member of authorize	2 PA	ıber	
Adrienne Brace, CPA	_	•		
	Typed or printed i	name of signee		

Page 3 of 3

Filing Fee: \$25.00