119000036681

.	(Requestor's Name)
i	(Address)
 ,	(Address)
	(City/State/Zip/Phone #)
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•	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Ke _l Div	gistration Se vision of Cor	porations	•	
SUBJECT:	SPW Holdi			
GOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ondence concerning this matter	to the following:	
		Adrienne Brace, CPA		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Adrienne Brace, CPA, PA		
			Firm/Company	
		120 Venetian Way, Suite I	5	
	1		Address	
		Merritt Island, FL 32953		
		bracecpa@abracecpa.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please ca	ill:	
Adrienne Bi	race, CPA		321 417-5544	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	oorations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPW Holdings, LLC

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on o bility Company)	ur records.)	
The Articles of Organization for this Limited Liability Company w Florida document number L19000036681	rere filed on <u>02/05/20</u>	19	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designate	tion "LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FAC	2019 N
		<u>;</u>	0
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our	records. enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Mare Silver		
		791 AVENUE DES PARCS MOUGINS, FR 06250 FR	■ Remove
			□ Change
MBR	Academy Leisure, Ltd	C/o Beckwith Health Club, Central House, Otley Rd	
	Harrogate, HG3 TUF, England, UK	□ Remove	
			Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			Add
l	l		□ Remove
			Change
	•		Remove
	1		Change

a. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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(If an effective danse Note: If the danse	e, if other than the date of filing:	5.0207 (3)(ed as the
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied at a state of the record is filed.	er of:
Dated Novem	ber 8	
-	Signature of a member or authorized representative of a member	
	Frederic Rouveid Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00