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COVER LETTER

Division of Corp	orations		
SUBJECT:Sp-	echler + (Oxen handler, ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Julie	Spechler Name of Person	
		Firm/Company	
	302 NE	7-th Ave	
	Fort Law	derdale fr 33: City/State and Zip Code	301
	Julie Speck E-mail address: (t	o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	ill:	
Julie Sp Name of	echler	at (954) 401 Area Code Daytime	Telephone 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 ADDRESS:

TO:

Registration Section

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
Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spechler + C	Dxenhand	ller, LL(\mathcal{C}
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears (ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document numberL\9000\38983.	vere filed on	5 23 20 1°	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	<u>:</u>	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the desi	gnation "LLC" or the a	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 office address here:		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Name of New Registered Agent:		
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and I am apter 605, F.S. Or	familiar with and ; if this document is

If Changing Registered Agent, Signature of New Registered Agent

If anjending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Julie Spechler	302 NO 7th AVE	
		- Ft. Landerdale, Fr, 33	301 Remove
		 	Change
AmBR	Marla Oxenhandler	302 NE 7th Ave	Add
		Fe landerdale, Ft, 33301	☐ Remove
			Change
			Add Remove
			Change Add
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Effective date, if other the office of the control	late must be specific and this block does not n	cannot be prior to neet the applicab			filing.) Pursuant to 60	
ne record specifies a do The 90th day after th	elayed effective one record is filed.	late, but not	an effective tir	ne, at 12:01 a	i.m. on the earl	ier of
Dated June	ale,	2019	<u>.</u> ·			
	(/	{				
	\times	\				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00