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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Amendicus

DEC 13 2019
I ALBRITTON

COVER LETTER

	sion of Corp			
SUBJECT:	SPALASH	LLC		
Botte Ci.		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Jessica Londono		
			Name of Person	
		SPALASH LLC		
		•	Firm/Company	
		1609 SW 14TH ST, 203		
			Address	
		MIAMI, FL 33145		
		jessicalondonol@gmail.con	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	oformation c	oncerning this matter, please ca	dl:	
Jessica Lond	оло		786 304-7789	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

SPALASH LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number 1.19000146885		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "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)		
		; <u>၁</u> ပာ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip Code

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.

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
AMBR	Lawrence Salemme	1609 SW 14TH ST, 203	
AIMOR			
		MIAMI, FL 33145	
			Remove
			Change
AMBR	Jessica Londono	1609 SW 14TH ST, 203	5
		MIAML, FL 33145	Add
		MIAMI, FL 33143	☐ Remove
			A Kemove
			☐ Change
			☐ Remove
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			Change

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Page 3 of 3

Filing Fee: \$25.00