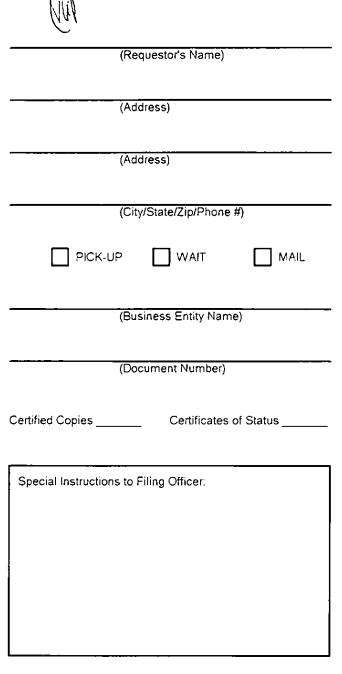
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Office Use Only



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SECRETARY OF STATE
TOTAL ARASSES, FL

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
Burkonda SUBJECT:	, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Dr. Anne Spear			
		Name of Person		
	Burkonda, LLC			
		Firm/Company		
	2335 40th St NW Apt 4			
		Address		
	Wshington DC 20007			
		City/State and Zip Code		
	aspear26@gmail.com	to be used for future annual		
For further information	concerning this matter, please c		report nonneacto	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Dr. Anne Spear			3-0997	
Name	of Person	at () Area Code	Daytime Tele	phone Number
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street A		
Registration Division of	Section Corporations		ration Section of Corpora	
P.O. Box 63	•		ntre of Tallal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Durkonda, LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on June 25 2019	and assigned
Florida document number L19000166467		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Spear Global Solutions, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		203
	; ;	F)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		步 6 厂
· · · · · · · · · · · · · · · · · · ·		20 3 III
		75 N N
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:		ne of the ew registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	Florida	
	City	Zin 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 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
			□ Add
			🗀 Remove
			Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
*	
ffective date, if (other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
lote: If the date in	nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective	ve date on the Department of State's records.
record specifies a l is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2024
Jan 12th	
ated	
Jan 12th ated	- Offi
Pated	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00