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(R	(equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

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TO:	Registration Section Division of Corporations	
SUBJE	CT: SPS BUREAU, LLC. Name of Limited Liability Company	
3000	Name of Limited Liability Company	
The en	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Lourdes AlcantARA. Name of Person	
	5PS BUREAU, LLE. Firm/Company	
	401 Ocean DRine # 404	
	Himmi Bench, Fix 33/39-66 City/State and Zip Code Loundes A/CAW + ARA 78C Hitmas E-mail address: (to be used for future annual report notification)	130 Ler
For fur	er information concerning this matter, please call:	
	Name of Person	
Enclos	is a check for the following amount:	
£ 52	(additional copy is enclosed) Certified	e of Status &
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPS BUREAU, WELLO MI 9:10

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as'it now appears on ou liability Company)	r records.)				
The Articles of Organization for this Limited Liability Company	were filed on	and assigned				
Florida document number <u>L 19000182328</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designat	ion "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 office a agent and/or the new registered office address here:	oddress on our record	s, <u>enter the name of the new registered</u>				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida stre	pet address				
	City	, Florida Zip Code				
New Registered Agent's Signature, if changing Registered Agent:		•				
I hereby accept the appointment as registered agent and agre	ee to act in this capac	ity. 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 228 AUN 31 Aug 9: 18	Type of Action
<u>C.O.</u>	Lourdes, alentara	40/ Ocen Dane # 404	□Add
		Minni Beach, Ec 33/39	· Acmove
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Note:	ve date, if other than the date of filing: S/36/30 20 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	08/26 . 2020.
	Signature of a member or authorized representative of a member
	Lournes Alcontorg

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Filing Fee: \$25.00