## 119000 244 464

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(**************************************	
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T GLASS MAY 07 2020



March 14, 2020

RONALD ABELES 4295 N. ATLANTIC AVENUE COCOA BEACH, FL 32931

SUBJECT: POKE FIN LLC Ref. Number: L19000244464

We have received your document for POKE FIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 620A00005678

RECEIVED
MAY 0 4 2020

## COVER LETTER

Registration Section Division of Corporations

TO:

POKE FII	N LLC			
SOBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	RONALD ABELES			
		Name of Person		
	SSSPZ LLC dba POKE FI	N		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	4295 N. ATLANTIC AVE	NUE		
		Address		
	COCOA BEACH, FL 329	231		
		City/State and Zip Code		
	debbie@pokefin.com			2
	E-mail address: (	to be used for future annual report no	tification)	2023!".
For further information	concerning this matter, please c	all:		
RONALD ABELES		321 266-8761		1
Name	of Person		me Telephone Number	10 62
				: !\J
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 Sta Certified Copy (additional copy is er	itus &
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POKE FIN LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	it now appears on our records.) ny Company)	
he Articles of Organization for this Limited Liability Company wer	e filed on <sup>09/27/2019</sup>	and assigned
lorida document number L19000244464		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
SSPZ LLC		
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		·
<del>-</del>		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
. If amending the registered agent and/or registered office addr		20
If amending the registered agent and/or registered office addr <u>ent and/or the new registered offi</u> ce address here:	ess on our records, <u>enter the na</u>	me of the new regist
ene and/or the new registered office address here.		
		1
Name of New Registered Agent:		
New Registered Office Address:		
The stage of the s	Enter Florida street address	<del></del>
	. Florida	12
	, Florida _ Cuy	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
			□Adđ
			□Remove
		,	☐ Change
			□Add
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	12
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory from the date on the Department of State's records.	optional) or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
secord specifies a delayed effective date, but not an effective time, at 12:01 a. s filed.	m. on the earlier of: (b) The 90th day after the
ted FEBRUARY 18 2020 .	

Filing Fee: \$25.00

Typed or printed name of signee