Division of Corporations

7/9/2020



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Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : JOHN M WICKER PA Account Number : 120070000104

: (239)939-2222 Phone : (239)939-2280 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPEARIT DEEP LLC

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ARTICLES OF AMENDMENT TO ** ARTICLES OF ORGANIZATION OF Pill2: 25

SPEARIT DEEP, LLC		:
(<u>Name of the Limited Liability Con</u> (A Florida Limit	nnany as it now appears on our records.) led Liability Company)	
ne Articles of Organization for this Limited Liability Compa orida document number L20000027687	my were filed on JANUARY 22, 2020	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
c new name must be distinguishable and contain the words "Limited Li	lability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
	·····	
If amending the registered agent and/or registered officeent and/or the new registered office address here:	ce address on our records, enter the na	me of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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		2029 JUL -9 PI 12: 25	
<u>Title</u>	<u>Name</u>	Address	1 vpc of Action
MGR	ANDY PRONOVOST	3200 29TH AVE SW	⊞Add
		NAPLES, FL. 34117	□Remove
		· .	DAdd
			□Change
	 		□Add
		Remove	
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- .	nation, enter change(s) here: (Attach addit	itional sheets, if necessary.)	Pii 12: 25
N/A		·	
			
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Effective date, if other than t	he date of filing:	(optional)	
If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or block does not meet the applicable statutory filing Department of State's records.	more than 90 days after filing.) Pursuant to 6 ing requirements, this date will not be l	505.0207 (3)(1 isted as the
e record specifies a delayed effec d is filed.	tive date, but not an effective time, at 12:01 s.m.	i, on the earlier of: (b) The 90th day a	fter the
Dated	2020		
And I	my S		
They to	Signature of a member or authorized representative	ve of a member	
ANDY PRONOVOS	ī		
	Typed or printed name of signee		