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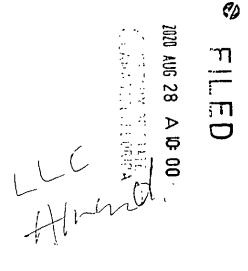
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
M ·	TC + CD 00	ul ) (° "	
SUBJECT: 773	JG + SPM Name of Lin	ited Liability Company	<u></u>
		, ,	
The constant American	A I	and the state of t	
The enclosed Afficies of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael 3	Name of Person	arman P. McRae
	W20- 4	SPM "LLC" Firm/Company	
	10016 Cana	Address	
	Riverview,	Florida 33!	578
	SmcRae 1952 E-mail address: (	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Share	) MiR.	00 707-	4160
Sharman F	f Person	$\frac{\text{at } (Q )3}{\text{Area Code}} = \frac{787}{\text{Daytime}}$	e Telephone Number
		·	·
Enclosed is a check for the	ne 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJ ('r + '	sem	"LLC"		100 <b>7</b>	<b>O</b>
( <u>Name of the Limited Lia</u> (A Flo	bility Compar rida Limited L	iv as it now appears on our lability Company)	r records.)	4	
The Articles of Organization for this Limited Liability Florida document number $\frac{200350975}{42000262}$ This amendment is submitted to amend the following	y Company ( 1082 944 ::	were filed on <u>Curg</u>	ust 2424	O Cand assigned	d
A. If amending name, enter the new name of the i	imited liabi	lity company here:			
The new name must be distinguishable and contain the words."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET AD)		ty Company." the designation  10016 Co  Riverview,			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ddress on our records.	, <u>enter the nam</u>	e of the new reg	istered
Name of New Registered Agent:	Micha	ael J. Go	frey		
New Registered Office Address:	10016	Common P Enter Florida stree	vive-		
	Rivervi	ew	Florida	33578	
		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 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>	Name	Address	Type of Action
MGR	Sharman P. M. Pae	10016 Cannon Dr Riverview Fr 33578	<b>E</b> Add
			□Remove
			□Change
Mer Michael J. Godfrey	Michael J. Godfrey	Scorre	DATG
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
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an effec <u>ote:</u> [	ce date, if other than the date of filing:
ecord is file	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 d.
	8/24/2020
ated _	
ated _	Thurson P. Make
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00