L20000214405

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	(Address)	
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	City/State/Zip/Phone #)	
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. (Business Entity Name)	···
	Document Number)	
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24 F_2 27 A311: 51 **

2024 FEB 29 AM II: 16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Da Flava SPot LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Authory Bouen Name of Person
Firm/Company
30800 Bredhouse De
GeillsPot 20 eqmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Authorit Bonen at (813) 378-5485 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

O	24 FID 29 - 60111: 51	
Da SPOT LLC		
	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 9/3/2020 and assigned	
Florida document number <u>L20000274905</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	7320 E. Flecthee PV	_
(Principal office address MUST BE A STREET ADDRESS)	13mPa, FL. 33637	<u> </u>
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:	address on our records, <u>enter the name of the new regis</u>	<u>iered</u>
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	_
	Florida	
	Cine 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			
			□ Add
			□Remove
			□Change
			🗀 Remove
			□Change
			Si Characa

	
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Effect	ive date, if other than the date of filing:
Note:	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.
aucun	ent's effective date on the Department of State's records.
he recoi ord is fi	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 led.
Dated	2/29/2024
	A
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00