12100051975

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(D. sisses Fath Mans)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opecial mentalistic terming consen
O 0.
Q SILAS

Office Use Only



100373316171

100373318171 05/18/22--01006--003 **33.75

> 2022 HAY 18 AMII: 11 SEGGE AND SOLE BYE

(ECE/VED)

TILE D TRETARY OF STATE

RECEIVED

.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SPTN RE LLC Name	e 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:
Trong 1	No wak Name of Person
SPTN R	Firm/Company .
3300 B	i (Mer St. Address
Dunedia	F1 34698 City/State and Zip Code
	address: (to be used for tutuse annual report notification)
For further information concerning this matter, p	olease call:
Troy Nowak Name of Person	at (727) 404 - 5530 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	
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 OF

FILED

2022 MAY 18 AM 11: 13

(Name of the Limited Liability Company as it now appears on our record TALL AHASSEE, FL. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/25/2021 and assigned Florida document number <u>L71000051975</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2299 Richter Street Enter new principal offices address, if applicable: Dunedin Florida, 34698 (Principal office address MUST BE A STREET ADDRESS) 2299 Richter Street Enter new mailing address, if applicable: Dunedin Florida, 34698 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 2299 Richter Still MONOTON STEDEN 18 New Registered Office Address: Dunedin . Florida 34648

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>	<u>Name</u>	Address	Type of Action
Mar	Sterling Perkins	2713 W. Lewy St,	□Add
	J	Tampa, FL 331007	Remove
			□Change
			🗀 Add
			□Remove
		,	□Change
			🗀 Add
			Remove
			Change
		<u> </u>	□ Add
			□Remove
		· 	Change
			□Add
			□Remove
		·	Change
			🗆 Add
			□Remove
		•	FIChange

	·
(If an e <u>Note</u>	ctive date, if other than the date of filing: (optional) (ffective 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 the ment's effective date on the Department of State's records.
the receiver is	
	;
Date	d Weanesday May 16th . 2022. Thou Mown Signature of a member or authorized representative of a member.
	-Trais Manak
	Signature of a member or authorized representative of a member