LZ1000110486

(Requ	estor's Name)	
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2021 JUL 19 PM 2: 03 SECRETARY OF STATE TALLAHASSEE, FL

FILED



COVER LETTER

Division of C					
	N ADULT TOYS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles (of Amendment and fec(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Horacio Moreno				
		Name of Person		-	
	SPOT ON ADULT TOYS	LLC			
		Firm/Company		2021 SE	
	2303 Hollywood Blvd Ste	4		CRET	T
		Address		AR)	
	Hollywood, FL 33020			19 PM ARY OF NHASSE	LED
	horacio@hmaslle.com	City/State and Zip Code		2021 JUL 19 PM 2: 03 SECRETARY OF STATE TALLAHASSEE, FL	
	E-mail address: (to be used for future annual repo	rt notification)	174	
For further information	n concerning this matter, please c	all:			
Horacio Moreno		954 479-94	147		
Nam	e of Person	at () Area Code D	Daytime Telephone Number	ėr	
Enclosed is a check fo	r the following amount:				
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifie	ate of Status &	
Mailing Add Registration Division of	n Section *Corporations				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPOT ON ADULT TOYS LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our reco ability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000110486</u>	were filed on 03/08/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
SPOT ON GROUP LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "Ll	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2021 SECF	
(Principal office address MUST BE A STREET ADDRESS)		FAR E T	
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addi	ress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, rovided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is	

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>	<u>Address</u>	Type of Action
MGR	BOWERS, MICHAEL	9 WALNUT LANE	🗀 Add
		HARRISON, NY 10528	■Remove
			UChange
MGR	GR MOORE, FRANK	5386 NW 117TH AVENUE	⊭Add
		CORAL SPRINGS, FL 33076	□Remove
			□ Change
			SECRETAL TALLAR
			19 BH 2:05 ARY OF STATE
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	07/15/2021			
Tective date, if other than than effective date is listed, the date m	e date of filing: ist be specific and cannot be prior to	o date of tiling or more than 9	(optional) 0 days after filing.) Pursu	ant to 605,0207 (3)
ote: If the date inserted in this becument's effective date on the l	lock does not meet the applical	ble statutory filing require	ments, this date will n	ot be listed as the
record specifies a delayed effecti Lis filed.	ve date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
is med.				
ated	2021	_ •		
ancu				
illed				

Filing Fee: \$25.00