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(Requesto	or's Name)
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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section

Division of C	Corporations			
	n SPF System LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Francis Salazar			
		Name of Person		
	American SPF System LL	С		
		Firm/Company	-, , , , - , , - , - , - , - , - , 	
	6660 W 5th PL		זארו	12 O(22 O(CRE
		Address		2022 OCT -6 SECRETARY
	Hialeah, FL 33012		ည်း တွင်	= = = = = = = = = = = = = = = = = = =
		City/State and Zip Code	्रिक् इ.स.च्या	PH 1:42
	americancoatings305@gma	ul.com to be used for future annual report no	ification)	42
For further information	n concerning this matter, please c	·	,	
Francis Salazar		305 781-1931		
Nam	e of Person	Area Code Daytir	ne Telephone Number	_
Enclosed is a check for	r the 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 Certificate of Certified Cop (additional copy 	Status &
	n Section Corporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 6. Tallahassee		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American SPF System LLC		
(Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on MARCH 19, 2021	and assigned
Plorida document number L21000131329		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		022 SEC
		RET OCT
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		500 TO 17
		M16
 If amending the registered agent and/or registered of agent and/or the new registered office address here: 	ffice address on our records, enter the na	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip 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 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
AMBR	PETER ZARA	1460 NW 112 TER	■Add
		PEMBROKE PINES, FL 33026	□Remove
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fective date, if other than the dan	specific and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pursuant	to 605.
te: If the date inserted in this block tument's effective date on the Department.	does not meet the applical			
ecord specifies a delayed effective dans is filed.	ite, but not an effective tim	e, at 12:01 a.m. on the 6	earlier of: (b) The 90th da	y after th
SEPTEMBER 28	, 2022			
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