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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Division of C			•	
	SPOT PROPERTIES (LAKELA	ND), LLC	•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Piease return all corres	pondence concerning this matter	to the following:		
	Adam Klauber, Esquire			
		Name of Person		•
	Klauber Goldman, P.A.			
	Firm/Company			
	8751 West Broward Blvd, Suite 410			
	2022 JUL 28 SECRETIAN ALLAHASSI			
	Plantation, Florida 33324			- 28 P
		City/State and Zip Code		JUL 28 PM 2: 15 RETARY OF STRIE AHASSEF-F-LORIN
	aklauber@klaubergoldman.	com to be used for future annual rep	wet notification)	200 - 5
For further information	n concerning this matter, please c			
Adam Klauber		954 424-9 at ()	666	
Name	e of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for	r the following amount:			
■ \$25.00 Filing Fac	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	iling Fee, te of Status & Copy copy is enclosed)	
Mailing Addr Registration			ress: on Section of Corporations	
P.O. Box 6	•		re of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number L21000162939	iability Company were filed on 64	/08/2021 and assigned
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	f the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7 A S 22
(Principal office address MUST BE A STRE	CRE JUL	
		A 1 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	985 29 U	
		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, enter the name of the new registere
Name of New Registered Agent:	KLAUBER GOLDMAN, P.A.	
New Registered Office Address:	8751 West Broward Blvd, Suite 4	10
<u> </u>	Enter Flo	rida street address
	Plantation	, Florida ³³³²⁴
	City	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
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	a delayed effective d	ate, but not an	effective tin	ne, at 12:01 a	i.m. on the ca	dier of: (b)	The 90th da	y after th
record specifies	·							
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Filing Fee: \$25.00