

121 000 216 758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

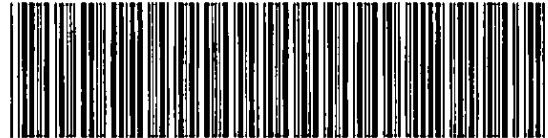
(Business Entity Name)

(Document Number)

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2022 APR 19 AM 11:16

Amend/Name Change

JUN 10 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spells 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:

Darshae Spells

Name of Person

Spells LLC

Firm/Company

704 E Saint Clair St.

Address

33602

City/State and Zip Code

info@spellsenterprises.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darshae Spells

727

229-9857

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Fee,
Certificate of Status &
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
OF**

Spells LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 APR 19 PM 11:15
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 10th, 2021

Florida document number L21000216758

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Spells Enterprises LLC

The 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 ADDRESS)

2424 W Brandon Blvd.

Brandon, FL

33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

704 E Saint Clair St.

Tampa, FL

33602

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:

Tekoah Hammonds

New Registered Office Address:

704 E Saint Clair St.

Enter Florida street address

Tampa

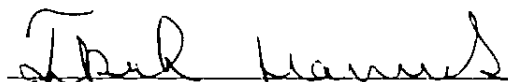
City

Florida 33602

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 15 2022

Darshae Spells

Signature of a member or authorized representative of a member

Darshae Spells

Typed or printed name of signee