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E IL E D RECRETARY OF S DATE

COVER LETTER

Division of Corp	orations		
SUBJECT: Elliot	Sprung S Spart Name of Limi	ment, Limited Lie ited Liability Company	sbility Company
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Elliot Sprung	Name of Person	
		• •	isted Liability Company
			1 Apartment 202
	Aventues	Florido 3316 City/State and Zip Code Ortmenflic Of fino to be used for future annual report not	<u> </u>
	elliot Sprungs ap	Artmenfllc @ fw to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	ill:	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

Elliot Sprung 15 Avartme (Name of the Limited Liability Comps (A Florida Limited	nt, Linu ted Liabi any as it now appears on our recor Liability Company)	lify Company
The Articles of Organization for this Limited Liability Company Florida document number 411000234855		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		x/A
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~ N/	<u>'</u>
(Principal office address MUST BE A STREET ADDRESS)	·	200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MAY 31 M 9:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:	5	
New Registered Office Address:	Enter Florida street addre	255
	r.	Torido
	City	lorida
New Registered Agent's Signature, if changing Registered Agent:		N/A

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
Manager	Tationa Samarina	251 172 nd STreet Apartm Sunny Isles Beach, Florida	ent 17. Jada 33.760
			Remove
			□Change
			□Add
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n effective date is listed, the te: If the date inserted i cument's effective date of	han the date of filing:	ot be prior to date of filing on the applicable statutory for records.	or more than 90 days after fil illing requirements, this d	ling.) Pursuant to 605.020 late will not be listed a
s filed.	l effective date, but not an ef			The 90th day after the
ed May 2	B , 2022	·		
	7 Signature of a member	Samer, 'n ger or authorized representa	ive of a member	