Florida Department of Stale
Division of Corporations

Florida Department of Stale
Division of Corporations
Electronic Willing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPEKSON LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55,00

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Corporate Filing Menu

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K. SALY

JUN 2 4 2024

TO:

Registration Section

#### From: Shantel Milam

### **COVER LETTER**

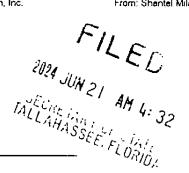
Div	ision of Corpo	rations		
SUBJECT:	SPEKSON LI	.c .		
		Name of Limit	ed Liability Company	·
The enclosed	l Articles of Ar	nendment and fee(s) are subtr	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
· t:			Firm/Company	
•		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		tadnsue@gmail.com		
		E-mail address: (to	be used for future annual report notifica-	tion)
For further in	iformation con	cerning this matter, please cal	t:	
Mike Town			800 773-0888 at ()	
	Name of P	erson	Area Code Daytime Te	elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	S30.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPEKSON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/04/2021 and assigned Florida document number \_\_L21000260303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

#### 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

To:

# 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	Susan Jean Nelson		
		510 Sunrise Ave., Winter Springs, FL 32708	■ Remove
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			Remove  Charge  PAdd
			Remove 32
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	rd specifies a delaye Oth day after the rec			ut not an	effective ti	lme, at 12:	01 a.m.	on the ea	rlier of:
ited	June 11	all.	7. 202 Ma	1/2.					
		Signature o	famember o	r authorized	epresentative	of a member			

Page 3 of 3

Filing Fee: \$25.00