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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Se Division of Cor			*
	TION, LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID ABELL		
		Name of Person	_
	SPA AVIATION, LLC		
	-	Firm/Company	
	900 S US HIGHWAY ON	E, SUITE 204	
		Address	
	JUPITER, FL 33477		
	<u> </u>	City/State and Zip Code	
	SUSIE@NICKPRICE.COM	to be used for future annual report notification)	202 See
For further information c	oncerning this matter, please ca	·	2021 KOY 30 SECYLLYJS
DAVID ABELL		561 575-6588 at ()	30
Name o	ıt Person	Area Code Daytime Telephone Num	PM 12: 50
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
Mailing Address		Street Address: Registration Section	
Registration S Division of C	Corporations	Division of Corporations	
D O Dov 633	7	The Centre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

SPA AVIATION, LLC

The Articles of Organization for this Limited Liability Compa- Florida document number <u>L21000394362</u>	ny were filed on <u>09/03/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		21 HOV
		30 P
Enter new mailing address, if applicable:		PH 12
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>	
I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	te performance of my duties s provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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
MGR	CHARL SCHWARTZEL	900 S US HIGHWAY ONE SUITE 204	🗆 🗅 Add
		JUPITER, FL 33477	■Remove
			□Change
			🗆 Add
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fective date, if other than the date of filing:										
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