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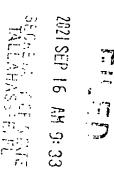
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COVER LETTER -

	Registration Se Division of Cor				
0110 102	SPOTLIGHT FAMILY OFFICE GROUP LLC				
SUBJEC	:T:	Name of Lim	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		WANITA M. DETOMA			
	Name of Person				
		PALM BEACH TAX GRO	OUP INC		
	Firm/Company				
	TE T-5				
	Address				
PALM BEACH, FL 33480					
			City/State and Zip Code		
		INFO@PALMBEACHTA	XGROUP.COM FIG. 22		
For furth	er information c	E-mail address: (oncerning this matter, please c	City/state and Zip Code XGROUP.COM to be used for future annual report notification) all:		
	A M. DETOMA	-	561 655-5777		
	Name o	f Person	Area Code Daytime Telephone Number ω		
Enclosed	l is a check for th	ne 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 Addres Registration 5		Street Address: Registration Section		
	Division of C	Corporations	Division of Corporations		
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	i ananassee, l	しん フムシェキ	2415 IV, MOINGE SHEEL, SHILL OIL		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPOTLIGHT FAMILY OFFICE GROUP LLC	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	<u>v appears on our records.)</u> mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L21000402468}{L21000402468}$.	I on <u>09-10-2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," 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)	2021 SEC 3
Maning address MAT OF AT OST OFFICE BON	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Inter Florida street address
	, Florida
City	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			🗆 Add
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ctive date, if other than the da effective date is listed, the date must be	specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuar	и то 605.02
If the date inserted in this block ment's effective date on the Depa	does not meet the applicable statutory f	iling requirements, this date will not	be listed
ment serrective date on the Depa	then of state's records.		
ord specifies a delayed effective d	ate, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th d	ay atter ti
d SEPTEMBER 15	2021		
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11.	MC Fuestielles nature of a member or authorized representa		
FM	We HILVIANAL		