## KZZ 0000 17846

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## **COVER LETTER**

**Registration Section** J: Division of Corporations

SPRECIDE SUBJECT:	ESING CA LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FREITES VALLENILLA,	JOSE G	
		Name of Person	· <u></u>
		Firm/Company	
	3412 W 103RD TERRACI	E	
		Address	
	HIALEAH, FL 33018		
	sales1sprecidesing@gmail.c	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	ration)
For further information c	oncerning this matter, please co	all:	
FREITES VALLENILL		786 5906280 at ()	
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed 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 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

SPRECIDESING CAILLC			
(Name of the Lin	ited Liability Comp	any as it now appears on o Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number 1.22000017846			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	pility company here:	
SPRECI DESING CA LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ifity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	222 J
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our record	
Name of New Registered Agent:	N/A		OF SAME 30
New Registered Office Address:	N/A		101
		Enter Florida str	eet address PO
	N/A		, Florida N/A : Ti
		City	Zip Cade ( )
New Registered Agent's Signature, if changing	Registered Agent	<u>i</u>	10: 31 STA
I hereby accept the appointment as register	ed agent and agr	ree to act in this capac	

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
N/A	N/A	N/A	\_\_Add
			□ Change
N/A	N/A	N/A	□Add
		<del></del>	□Remove
			Change
N/A	N/A	N/A	□ Add
			□Remove
			☐ Change
N/A	N/A 	N/A	□Add
			□Remove
			□Change
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N/A	N/A	N/A	□Add
			□Change

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ectiv	e date, if other than the date of filing: (optional)
	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	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
s file	1.
n	1/19/2022
ed _	1/19/2022 
	Signature of a member or authorized representative of a member
	Signature of a member of authorneed representative of a member