h22000049282

(Requestor's Name)
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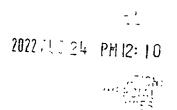
COVER LETTER

SURJECT:	SPRJ, LLC			
SOBSECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ı all correspoi	ndence concerning this matter	to the following:	
Division of Corporations SPRJ. LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: William Blade Name of Person Blade & Blade. PA Firm/Company 210 SW Natura Avenue Address Deerfield Beach. FL 33441 City/State and Zip Code spmerrigan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Blade 954 429-1200 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status				
			Name of Person	
		Blade & Blade, PA		
			Firm/Company	
		210 SW Natura Avenue		
			Address	
		Deerfield Beach, FL 3344	1	
			City/State and Zip Code	
			to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co	all:	
William Bla	ıde		-	
	Name of	Person	Area Code Daytime	· Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	Filing Fee		Certified Copy	☐ \$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





July 28, 2022

WILLIAM BLADE BLADE & BLADE, PA 210 SW NATURA AVENUE DEERFIELD BEACH, FL 33441

SUBJECT: SPRJ, LLC

Ref. Number: L22000049282

We have received your document for SPRJ, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 622A00016885

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SPRJ, LLC

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(Name of the Lin	nited Liability Company as it now app	ears on our records.
	(A Florida Cimited Liability Company	TALL AHASSEE, FL
The Articles of Organization for this Limited	Liability Company were filed on 2	January 27, 2022 and assigned
Florida document number 1.22000049282	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fo	llowing:	
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	e designation "LLC" or the abbreviation "LLC"
		, and granted and above taken and above taken
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
Maning address WAT BE A LOST OFFICE	<u></u>	
3. If amending the registered agent and/or	registered office address on our	maganda antou the name of the name acids
gent and/or the new registered agent and/or		records, enter the name of the new registe
Name of New Registered Agent:	Ryan Joseph Merrigan	
New Registered Office Address:	2216 Stacy Court	
tien registered Office Address.		lorida street address
	Dunedin	, Florida ³⁴⁶⁹⁸
	City	, FIOFIQA

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

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	Richard Merrigan	Deccased	□Add
			Remove
			Change
AMBR	Sean Patrick Merrigan	478 Boston Street	■Add
		North Andover, MA 01845	□Remove
			Change
AMBR	Ryan Joseph Merrigan	2216 Stacy Court	= Add
		Dunedin, FL 34698	□Remove
			□Change
			□Add
			Remove
			□Change
<u></u>			∐Add
			Remove
			□Change
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			□Remove
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Fective date, if other than the date of filing:	(optional)	
an effective 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 6	
ote: If the date inserted in this block does not meet the applicable statutory beament's effective date on the Department of State's records.	filing requirements, this date will not be li	sted as
,		
record specifies a delayed effective date, but not an effective time, at 12:01 a	m on the earlier of (b). The 90th day at	ter the
l is filed.	in on the curren on (b) The year any in	
ated		
B/ mein		
Signature of a member or authorized represents	ative of a member	

E. 635.0