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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

<b>Email</b>	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPOT THE LOT, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spot The Lot, LLC.			
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
he Articles of Organization for this Limited Liability Compar forida document number L22000139894	ny were filed on <u>03/21/22</u>	and assi	gned
orida document number LZZ000100004			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	ability company here:		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.I	C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	ৰ্ভ	20	
nter new mailing address, if applicable:		2023 ¥	
Tailing address MAY BE A POST OFFICE BOX)		. 7	
name united many of the poly		رب ر	÷
		PH	<u>_</u>
. If amending the registered agent and/or registered office	e address on our records, enter the na	<del>-</del>	regist
ent and/or the new registered office address here:		36	
		•	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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>	<u>Name</u>	Address	Type of Action
MGR	Lewis, Marvis	7901 4th St N STE 7584	
		St. Petersburg, FL 33702	[]Remove
		4	□Change
MGR	Nozile, Julio	7901 4th St N STE 7584	
		St. Petersburg, FL 33702	□Remove
			□Change
AMBR	Lewis, Marvis	7901 4th St N STE 300	□Add
		St. Petersburg, FL 33702	⊠Remove
			☐ Change
	At the state of th		
			□Remove
			Change
<del></del>		umana.	□Add
			□Remove
		***************************************	□Change
			□Add
			□Remove
			□Change

). If amendin	ng any other informati	on, enter chang	e(s) here: (Atta	ich additional sh	eets, if necessa	ry.)	
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Note: If the	ate, if other than the deduction is listed, the date must be date inserted in this block effective date on the Dep	k does not meet t	he applicable stat	f filing or more than autory filing requi	(optional 90 days after filin rements, this dat	l) g.) Pursuant to 605.4 e will not be listed	9207 (3)(b d as the
the record spectord is filed.	cifies a delayed effective	date, but not an ef	fective time, at 1	2:01 a.m. on the c	earlier of: (b) T	The 90th day after	the
Dated	03/01	20	)23				
-	s	Mul- ignature of a memb	er or authorized rep	resentative of a me	mber		
		Na	at Smith				
**		Type	ed or printed name	of signee		—	

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Filing Fee: \$25.00