

L22 000150089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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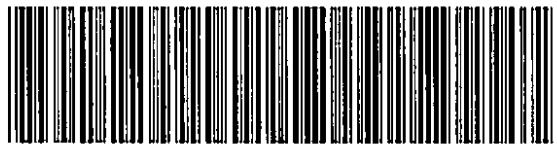
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 15 AM 11:34

T. MATTHEWS
MAY 19 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SPARE SHOW 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:

OZMAHYAIRZA WILSON

Name of Person

THE SPARE SHOW LLC

Firm/Company

4501 W. ATLANTIC BLVD UNIT 1514

Address

COCONUT CREEK, FL 33066

City/State and Zip Code

THESPARESHOW@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OZMAHYAIRZA WILSON

954 498-3098
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 15 AM 11:34

THE SPARE SHOW LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/28/2022 and assigned Florida document number L22000150089.

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4501 W. ATLANTIC BLVD UNIT 1514

COCONUT CREEK, FL 33066

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4501 W. ATLANTIC BLVD UNIT 1514

COCONUT CREEK, FL 33066

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OZMAHYAIRZA WILSON

New Registered Office Address:

4501 W. ATLANTIC BLVD UNIT 1514

Enter Florida street address

COCONUT CREEK

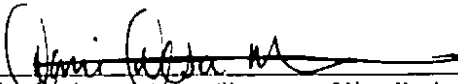
City

Florida 33066

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 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>	<u>Address</u>	<u>Type of Action</u>
AR	OZMAHYAIRZA WILSON	4501 W. Atlantic Blvd Unit 1514, Coconut Creek, FL	<input checked="" type="checkbox"/> Add
		33066	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	JAMES WILSON JR	4501 W. Atlantic Blvd Unit 1514, Coconut Creek, FL	<input checked="" type="checkbox"/> Add
		33066	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The correct e-mail address for The Spare Show LLC is: thespareshow@outlook.com

E. Effective date, if other than the date of filing: 03/28/2022 (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/28. 2022


Signature of a member or

Ozmahyairza Wilson
Typed or print

Typed or printed name of signee

Filing Fee: \$25.00