## 122000156495

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(Address)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

SURJECT: SPYTY	Enterprises Lli	<u> </u>		
Sobalic I. OC	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
	James	S. G. Grape le Name of Person		
	Serin 3	Enterprises LLC Firm/Company		
		Firm/Company		
	58 Har	Mingo Drive		
		Address		
	Palm Coa	SFFL 32137 City/State and Zip Code		
		•	)	
	Sertnente E-mail address: (	to be used for future annual apport no	「心か」 otification)	
For further information co	oncerning this matter, please ca			
	_			
James C		at ( <u>386</u> ) <u>569-</u> Area Code Dayti	1613	
Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	e following amount:			
£1 \$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 enclos	

Mailing Address:

Registration Section Division of Corporations

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

(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 Florida document number \_L2200156495 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 "L.L.C." 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) 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: New Registered Office Address: Enter Florida street address City

## 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 remember described by the second sec

AMBK = A	uthorized Member	• • •	
<u>Title</u>	Name	Address	Type of Action
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i effectiv <u>te:</u> If th	late, if other than the date is listed, the date in e date inserted in this be effective date on the l	ust be specific and o block does not me	cannot be prior to e cet the applicabl	date of filing or more c statutory filing t	(option: than 90 days after requirements, this	filling.) Pursuant to 60	5.0207 ted as
ecord spe s filed.	ecifies a delayed effecti	ive date, but not a	in effective time	., at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	er the
led(	October 20 Hamut H Jame	1 +h   .	2022				
	tamur 1	Signature of a m	ember or authoriz	ed representative of	a member		
	11 —		11				



RECEIVED

2022 OCT 31 PM 12: 28

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2022

JAMES G. GRANELLE 58 FLAMINGO DRIVE PALM COAST, FL 32137

SUBJECT: SERIN ENTERPRISES LLC

Ref. Number: L22000156495

We have received your document for SERIN ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 322A00023455