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## **COVER LETTER**

TO: Registration So Division of Cor			
SPS&H Gr	oup LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
	ondence concerning this matter	-	
	Sohail Mitha		
		Name of Person	<del></del>
	S&H World Holdings LLC	3	
		Firm/Company	<del></del>
	4101 Ravenswood Rd Ste	406	F !: 2022 OCT 2 SECRETAL SECRETAL
•		Address	TEN DOT
	Dania Beach, FL 33312		77 <b>0</b> 1
,		City/State and Zip Code	445 ta
	mark@worldofsmokenvape		3: 03 STATE STATE
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report notification)	' Ε΄ ω
Mark Noonan	concerning and matter, predice	954 451-3579	
Name o	r Person	at () Area Code Daytime Telephone	Number
		, and could be a second to the	
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of Tallahasses 2415 N. Monroe Street, S	
rananasce, i	L D = D   1	= 115 14. Monioe Bucci, 0	une ore

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPS&H Group LLC				
(Name of the Limited Liability (A Florida)	Company as it now appears on or Limited Liability Company)	ir records.)	<del></del>	
The Articles of Organization for this Limited Liability Co	ompany were filed on April 8, 2	022	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbre-	viation "L.L.C	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of	T 28 PH 39 Tthe the the the the the the the the the	registere
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet 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>	<u>Address</u>	Type of Action
AMBR	JPML Group Inc	12201 SW 82 Terr	<b>≡</b> Add
		Miami, FL 33183	
			□Change
			□Remove
			Change
			□Add
			SECRETARY OF Add A
			RRY 80 PAdd
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ffective date	, if other than th	e date of filing	:	1. (6):		tional)		(05.0305
	e is listed, the date mute inserted in this h	olock does not me	eet the applicab					
	ective date on the L	Department of St	ate s records.					
	an and day of 160 of	ve date, but not a	in effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90t	th day a	fter the
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record specific d is filed.		,	3022	. •				
locument's effi	8-17 Sount	M (THA) Signature of a m	)0	 zed representative	e of a member			