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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	ENOVATION LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	GEOVANNY SEPULVEI		
		Name of Person	
	SECURED ALLIANCE C	ROUP	
		Firm/Company	
	1417 n semoran boulevard	suite 102	
		Address	
	ORLANDO, FLORIDA 3	2807	
		City/State and Zip Code	
	geovanny4@otmail.com		
For further information of	t-mail address: (concerning this matter, please c	to be used for future annual report not all:	iffication)
geovanny Semul.	(en e	407 437 0245	
Sepuh VED A Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Fiting 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)
<u>Mailing Addre</u>		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 631		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



spirit renovation 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	e iuv 13, 2022				
	were filed on juy 13, 2022 and assigned				
Florida document number 122000184489					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	10281 cline avenue				
	orlando, florida 32825				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	10281 cline avenue				
	orlando florida32825				
	address on our records, enter the name of the new regis				
Name of New Registered Agent:	address on our records, <u>enter the name of the new regis</u>				
agent and/or the new registered office address here:					
Name of New Registered Agent:	Enter Florida street address				
Name of New Registered Agent:	Enter Florida street address				
Name of New Registered Agent:	Enter Florida street address , Florida				

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
mgr	dulievsky d montano bague	10281 cline avenue orlando florida 32825	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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se e	e date, if oth			. Ø	7/3/7	0)2	,				
an effec	ctive (late is list)	a, ure date m	ist be specific	and cannot t	ie prior to date	of filing or me	re than 90 days		g.) Pursuani		
	f the date inse nt's effective					atutory filinį	g requirement	s, this date	g will not	be listed	l as t
record d is file	specifies a de	layed effecti	ve date, but	not an cife	ctive time, a	12:01 a.m. c	on the earlier	of: (b) T	he 90th da	iy after (the
ated _	<u> </u>	7/13/	2022	<u>-</u> ,							
				•							
	/	1/ 9									

Filing Fee: \$25.00

Typed or printed name of signee