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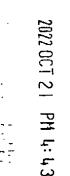
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	porations					
CALLED TAX COMP.						
SUBJECT:		ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspor	ndence concerning this matter	to the following:				
	Julio Cruz					
		Name of Person				
		Firm/Company				
	6250 Griffin Rd. STE 1092					
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Julio Cruz					
	Davie, FL 33314					
		City/State and Zip Code				
	• • • •				ر م	
	E-mail address: (to be used for future annual report notifica	tion)	-	022	
For further information ed	oncerning this matter, please co	all:			2022 OCT 2	انعد ر ان عرب
Julio Cruz					2	
Name of	Person		elephone Number	<u> </u>	PM 4: 4:	نا ز ا
Enclosed is a check for th	e following amount:				ယ	
■ \$25.00 Filing Fee		Certified Copy	Certificat Certified	te of Stati Copy		•
<u>Mailing Addres</u>	<u>s:</u>	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

THE DON'S SPOT, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	inv as it now appears on our re Liability Company)	cords.)		•	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000434075</u>	and assig	ned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liebi	lity Company." the designation "	'LLC" or the abbrev	iation "L. L.	C."	
Enter new principal offices address, if applicable:	15476 60th PL N				
(Principal office address MUST BE A STREET ADDRESS)	Loxahatchee, FL 33470				
			2027		
		1.	007	: "	
Enter new mailing address, if applicable:		· 	2	41.324 	
(Mailing address MAY BE A POST OFFICE BOX)		م ان - نات	<u></u>	1 11 11	
		7 m 7 m	- <u> </u>		
			- 1 ω		
B. If amending the registered agent and/or registered office a	address on our records, <u>er</u>	nter the name of	the new	<u>registere</u>	
agent and/or the new registered office address here:					
Name of New Registered Agent:					
Name of New Registered Agent.					
New Registered Office Address:	Enter Florida street ac	ddress	-		
		Ct			
	City	_, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie. provided for in Chapter 6	s, and I am fam 605, F.S. Or, if t	iliar with his docun	and ient is	

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 rémoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julio Cruz	15476 60th pl N	□Add
		Loxahatchee, FL 33470	□Remove
			□Remove
			□Change
			□Remove
			□Change
			□Add 2:
			2022Remove
			Change
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			☐ Change
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			Remove
			☐ Change

Effective date, if other than the date of filing: (optional) (op	·	***								- •
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