L23000051732

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COVER LETTER

TO: Registration Section Division of Corporation	ns		t
SUBJECT: <u>SPA (A</u> G	25 Reselles Name of Limited	Liability Company	;
The enclosed Articles of Amendr Please return all correspondence		_	
	Andrea	Arroyo Name of Person	
	SPA CARS	RESULER Firm/Company	<u>. </u>
		J 125 Terrac	<u></u>
	Miami, FL SPARESCHERL	- 33186 ity/State and Zip Code LC@gmail. C used for futury annual report no	<u>om</u>
For further information concerni		used for future/annual report not	incation;
Andrea Ar Name of Person	royo	at (786_) <u>636</u> Area Code Daytit	9449 ne Telephone Number
Enclosed is a check for the follow	ving amount:		
	30.00 Filing Fee & E Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address:	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

SPA CHKS KES	ELLER LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 01/27/2023	and assigned
Florida document number <u>L23000051732</u>		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:	9551 NW 79 AVO	2
(Principal office address MUST BE A STREET ADDRESS)	BAY 1	
	Hialeah Gardens, F	L 33016
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the name	of the new registe
agent and/or the new registered office address here:		. 1
	·	:
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		(
	Enter Florida street address	
-	Enter Florida street address, Florida	Zip Code

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>	Address	Type of Action
AMBR	Centenc, Jose R	9551 NW 79 Ave	BÁdd
		BAY 1	□Remove
		Hialeah Gardens, FL 3	<u>3016</u> □Change
			□Add
			□Remove
			□Change
			□Add
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an effective date is list ote: If the date inse	ther than the date of ted, the date must be spec- erted in this block does date on the Departme	ific and cannot be pries not meet the appl	licable statutory filin	(optionore than 90 days after ag requirements, this	nal) filing.) Pursuant to 605.020' date will not be listed as
record specifies a de is filed.	elayed effective date, I	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
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	_ X8.23%	guid /			
	Signatu	re of a member or au	thorized representative	of a member	

Filing Fee: \$25.00