

L23000081144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

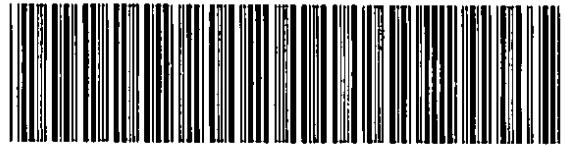
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400415236694

2023 SEP 12 PM 1:23

9-13-23

RECEIVED
2023 SEP 12 PM 3:16
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

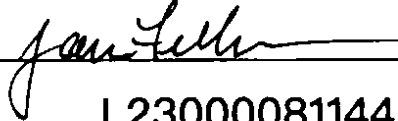
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$25.00

Authorization Signature:

 :

SPOT A LOT LLC

L23000081144

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☒ **Amendment**

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spot A Lot LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sha-Ron Ellis
Name of Person

Spot A Lot
Firm/Company

10226 Curry Ford Road Suite 107 PMB1057
Address

Orlando, FL 32825
City/State and Zip Code

Support@spotalots.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sha-Ron Ellis at A07 684-1872
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Spot A Lot 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 were filed on 2/14/2023 and assigned Florida document number L23000081144.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16321 Deer Chase Loop
Orlando, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10226 Curry Ford Road
Suite 107 PMB 1057
Orlando, FL 32825

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:

Goin' Postal

New Registered Office Address:

10226 Curry Ford Road suite 107 PMB 1057

Enter Florida street address

Orlando

City

Florida

32825

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

Blank lined paper for writing.

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____ 19____

Signature of a member of authority

Signature of a member or authorized representative of a member

Sha-Ron Ellis
Typed or printed name of signatory

Typed or printed name of signer

Filing Fee: \$25.00