## C73 0000 811 44

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2023

FLORIA CAPITAL COURIER SERIVICES

SUBJECT: SPOT A LOT LLC Ref. Number: L23000081144

We have received your document for SPOT A LOT LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing date of authorized person's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 923A00021040

STANTON H ROBERTS Regulatory Specialist III

www.sunbiz.org

FLORIDA CAPITAL COURIER SERVIC	ES, INC	
2330 CLARE DR		
TALLAHASSEE, FL 32309		
(850) 524–5437 / (850) 524–6243 /	(850) 491–9625	
Please use funds from this a	account:  20210000160: \$	25.00
Authorization Signature:	Sanfall	<u>:</u>
SPOT A LOT LLC	() L23000081144	
BUSINESS NAME	DOCUMENT #	207
		7023 SEP
Certified Copy		12
Certificate of Status		SSC P
NEW FILINGS	<u>AMMENDMENTS</u>	AHII: 56 SEE, FL
Profit Corp	_x_Amendment	
Not for Profit	Resignation of R.A. Office	r/Director
Limited Liability	Change of Registered Age	ent
Domestication	Revocation of Dissolution	
LLLP	Merger	
CORP	Articles of Conversion	
Other	Restated Articles of Incom	poration
Other	Statement of Authority	
OTHER FILINGS	REGISTERATION/QUALIF	FICATIONS
Apostille	Foreign filing	
Country	Reinstatement	
Annual Report	Qualification	
Fictitious Name	Other	

EXAMINER'S INITIALS:\_\_\_\_

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: DO	A Lot	LLC	<del> </del>	
,	Name of Limit	ted Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	SEC.	3022 CF
Please return all correspon	dence concerning this matter (	to the following:	100 T	- : ===================================
	Sha-Rux	Name of Person	AHASSEE, FL	FILED motorpic Mili:56
	Spot A	Lot		
	1	Firm/Company		
	10226 C	urry Ford Road Suil	e 107 PMB1057	<b>.</b>
	Ovlando, FL	32425 City/State and Zip Code		
	Support E-mail address: (i	O SPOTA 10+5, COY o be used for future annual report notif	ication)	
For further information co	ncerning this matter, please ca	ill:		
Shu-Ron Name of	Elli 5 Person	at (AU7) LOSA Area Code Daytime	- 1672 . Telephone Number	
Enclosed is a check for the	e following amount:			
☑ \$25.00 Filing 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 of Certified Copy (additional copy is enclose	
Mailing Address	i .	Street Address:	tion	

Mailing Address:
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 OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number <u>L2300081144</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited list.  The new name must be distinguishable and contain the words "Limited Lies."	ny were filed on 2/14/2023 and assigned  ALL AHASSE AND
The new name must be distinguishable and contain the words. Limited Lie	
Enter new principal offices address, if applicable:	16321 Deer Chase Loop
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828 ~
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	102210 Curry Ford Road Suite 107 PMB 1057? Orlando, FL 32825
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Traine of Train Registered - Bear	Postal
New Registered Office Address: 1022(a	Circy Ford Road Suit 107 MB 1057
Orla	1
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and

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

Title	Name	Address	Type of Action
MGR	Vantisia C Oxe	3564 Avalon Park E Blud.	□Add
		STE 1-AA995	
		Orlando, FL 32828	Change
			🗆 Add
			□Remove
			Change
		ALC ALC ALC ALC ALC ALC ALC ALC ALC ALC	Thange
			Add S6
			□Remove
			DAdd
			🗆 Remove
			Change
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Filing Fee: \$25.00