L23 0000 81144

(F	Requestor's Name)
4)	Address)
٩)	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:

Office Use Only



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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160÷ \$55.00 ~ ndt AUTHORIZATION SIGNATURE: L123000081144 Spot A Lot LLC Document # BUSINESS (Name) Pick up time Walk in Will wait Mail out Photocopy X Certified Copy of Organization and amendment Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** X Amendment Profit ___Resignation Not for Profit ___Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other Conversion CORP PLLC REGISTERATION/QUALIFICATIONS OTHER FILINGS _ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name .Statement of Authority Other APOSTIL (_____ Country EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	put A Lut Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspondence	ondence concerning this matter to	the following:	
	Sha-Ron	Name of Person	
	SPH A	LU† Firm/Company	
	110321 Dee	r Chase Loop Address	
	Orlando, FL	32828 City/State and Zip Code	
	SUPPLY & SPI E-mail address: (to	be used for future annual report not	fication)
For further information of	concerning this matter, please call	:	
Sha-Ron	Ellis	at (407) 684-	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$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

) AHA	Lot	LLC		
(Name of the Limited I	Liability Company a Florida Limited Liabi	s it now appears on ou lity Company)	r records.)	·············
The Articles of Organization for this Limited Liabi Florida document number <u>L23000 081</u>	lity Company wei	the filed on $\frac{2/14}{}$	2623	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability	company here:		
The new name must be distinguishable and contain the word	s "Limited Liability C	Company," the designati	on "L1.C" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicabl	e: _		<u>. </u>	-2
(Principal office address MUST BE A STREET A	(DDRESS)			2021
				DED :
				1
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u> _			_ယှ
			-	ω
B. If amending the registered agent and/or regi- agent and/or the new registered office address h		ress on our records	s, enter the name	of the new register
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stre	et address	
		imer i mada sire		
-		City	, Florida	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 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	<u>Name</u>	Address	Type of Action
MGR	Fablin Toussaint	211 Beckenham Dr.	⊠Add
		211 Beckenham Dr. Kissimmer, FL 34758	[]Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	12 - 4 - 2023, Malon Signature of a member of authorized representative of a member
	5Na-Ran Ellis Typed or printed name of signee