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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SPS 1075 LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF "

SPS 1075 LLC				
(Name of the Limited)	Liability Company as A Florida Limited Liability	t now appears on our recy y Company)	ord <u>s.</u> )	
The Articles of Organization for this Limited Lia	bility Company were	filed on 05/30/2024	and assign	ed
Florida document number L23000446399	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability c	ompany here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	mpany," the designation "l	LC" or the abbreviation "L.L.C	1 11
Enter new principal offices address, if applica				<del></del>
(Principal office address MUST BE A STREE)	(ADDRESS)		20 Sr	
Enter new mailing address, if applicable:	1. 176 A 871	80 NW 18 TER	ZH JUN -	7
(Mailing address MAY BE A POST OFFICE)	<u>DO</u>	DRAL, FL 33172	3 PH 8	<del> </del> <del> </del>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address s here:	ess on our records, <u>en</u>	ter the name of the Rey r	egistere
Name of New Registered Agent:		<u> </u>	·	<u> </u>
New Registered Office Address:	8780 NW 18 TER			
	DORÂL	Enter Florida street ad	dress Florida <u>33172</u>	
		City	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

ζ.

## 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 Actio
MGR	Paulina Sandoval de la Parra	8780 NW 18 TER	<b>5</b>
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e record specifies a delayed e d is filed.	ffective date, but n	ot an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th	day after the
Dated MAY 30	li	, 12024			
<del></del>	2 Signature of	a member or authorized	representative of a memb	oer	

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