

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(=1), =100 =1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special lastructions to Silica Officer
Special Instructions to Filing Officer:





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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor			y.	
SUBJECT: ()	name of Lim	Premier F	Forriery LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rober	- + Spine Name of Person	<u>//)'</u>	
	spineli	Sprem) Firm/Company	er Farriery LL	(
	88 98 L	yons Rd,	PLHAR 2 SECRETA TALLA	
	Boynton	n Beach; A	=1 3347 = 3 gmail.com =	
	pre-mail address. (to be used for future annual report not	gMa, COM ?	
For further information c	concerning this matter, please ea	ill:		
Robert Name o	of Person	at (<u>732</u>) <u>– 865</u> Area Code Daytim	E Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

SPINELLI'S PREMI (Name of the Limited Liability Companion (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L2400000547}$	
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 Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	50 -0 TT
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ___

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	Robert Spirelli	Address 8898 Lyons Rd Boynt	Beach the
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			□Change
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(If an effective date is Note: If the date	f other than the date of s listed, the date must be spec- inserted in this block doc- tive date on the Departme	cific and cannot be es not meet the a	ipplicable statut			
the record specifies tord is filed.	a delayed effective date.	but not an effect	live time, at 12:	01 a.m. on the earl	ier of: (b) The	90th day after the
Dated	wich 13	H. 20	24.	<i>: </i>		
	Robert Signatu	ore of a member of	DML 1 r authorized repre	sentative of a member	21	
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Filing Fee: \$25.00