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July 23, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Articles of Amendment to Articles of Organization / S and P Enterprises SFLA LLC

To Whom it May Concern:

Accompanying, please find the following:

- Check No. 6148 in the amount of \$25.00 for Filing Fees
- Cover Letter
- Articles of Amendment to Articles of Organization of S and P Enterprises SFLA LLC

If you have any questions, please contact Attorney Chris Cona at 239-234-6224 or ccona@cona.law

Sincerely,

Regen Cona

Legal Assistant to Christopher Cona, Esq., MBA

admin@cona.law

COVER LETTER

SUBJECT:	StP E,	terprises SFL	ALLL
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CI	Name of Person	
Division of Corporations SUBJECT: Standard Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chr., Cond Name of Person Area Code Cond Name of Person at (272) Area Code Daytime Telephone Number Enclosed is a check for the following amount: Cond Name of Person Conditional copy is concasted) Certificate of Status & Certified Copy (additional copy is concasted)			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chii Con A Name of Person E-mail ac Sec Ito be used for future annual report notification) For further information concerning this matter, please call: Chii Con A Name of Person at (27) Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			
For further information co	oncerning this matter, please ca	ill:	
Chois	CONA	at (<u>239</u>) <u>239</u>	-6822
SUBJECT: Street Address: 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: Christ Cond Name of Person The Address Address Address For further information concerning this matter, please call: Cartificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
Enclosed is a check for th	e following amount:		
ET \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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			•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	I Drisés SFLA hant as it now appears on our rec Liability Company)	LLL ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 7 0 0 0 0 2 2 2 6 2</u>	y were filed on	1 4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		.~.)
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		;
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ν.π
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Par Par	NKAJKUMAT N L South State Emer Florida screet add 4ntation	Porte 7 Tress Florida 3317
	#157	ings Come

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

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	<u>Address</u>	Type of Action
	\ <u> </u>		□Add
			Remove
			☐ Change
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			□Remove
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			Change
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			□Remove
			□Change

		
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an effective date is listed, the date must be sp	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant does not meet the applicable statutory filing requirements, this date will not be ment of State's records.	
record specifies a delayed effective date is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
nted	7024.	
1	ature of a pregriber or authorized representative of a member	
	ature of a member or authorized representative of a member	

Filing Fee: \$25.00