## L24 000 49844



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SECRETARY OF STATE

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## **COVER LETTER**

	Registration Division of C				
eun irz		ome Wrappings LLC			
SUBJEC	.1: <u>_</u>	Name of Lim	ited Liability Company		
The encl	osed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all corres	pondence concerning this matter	to the following:		
		Erica Paul			
			Name of Person		
		SP&P Home Wrappings LI	LC		
		· · · · · · · · · · · · · · · · · · ·	Firm Company	<del></del>	
		8955 US HWY 301 N, PMB 131			
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>	
		Partish, FL 34219			
			City/State and Zip Code		
		spp.homewrappings@gmail		<del></del>	
			to be used for future annual report notifi	cation)	
For furth	er information	i concerning this matter, please or	ill:		
Erica Pa			at ()		
	Nam	e of Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for	r the following amount:			
<b>≡ \$2</b> 5.	(M) 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 & 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

SP&P Home Wrappings LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) nability Company)	<u></u>
The Articles of Organization for this Limited Liability Company forida document number 1.24000049844	were filed on 1/26/2024	_ and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	20.
Principal office address MUST BE A STREET ADDRESS)		24 A
		PR T
	正元 さん	95
nter new mailing address, if applicable:	ကိုင္	E D E
Mailing address MAY BE A POST OFFICE BOX)		
	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一	02
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name o	f the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	Unv	ир с оас

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tim Paul	8955 US HWY 301 N	≣Add
		PMB #131	□Remove
		Parrish, FL 34219	
			□Remove
			Change
		<u></u>	□Add
			□Remove
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Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than follows after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the rid is filed.  Dated  320/2024  Mignature of a member or authorized representative of a member		
Effective date, if other than the date of filing:  [(t) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 specific place and to 605 0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The effective date of the date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  Around 3/20/2024  Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:  (optional)  If an effective date, it is listed, the date must be specific and counsel be prior to date of filing or more than 90 days after filing.) Parsuant to 605,0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of Mate's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.  Dated  3/20/2024  Signature of a Member or authorized representative of a member		
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