

L24000174724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

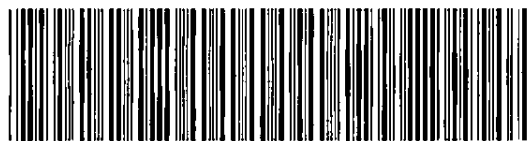
(Business Entity Name)

(Document Number)

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2024 OCT -7 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 OCT -7 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUBSEASPA LLC

\_\_\_\_\_  
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:

LEONARDO CONTRERAS

\_\_\_\_\_  
Name of Person

SUBSEASPA LLC

\_\_\_\_\_  
Firm/Company

1530 SW 109TH AVE, APT 107

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33025

\_\_\_\_\_  
City/State and Zip Code

USTUEMPRESA@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO CONTRERAS

305 5606166  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

SUBSEASPA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/12/2024 and assigned  
Florida document number 124000174724.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

NA

NA

NA

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

NA

NA

NA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JACLYN VIVAS

New Registered Office Address:

1530 SW 109TH AVE, APT 107

*Enter Florida street address*

PEMBROKE PINES

*City*

Florida 33025

*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.*

*Jaclyn Vivas*

FILED  
2024 OCT -7 PM 12:37  
SECRETARY OF STATE  
JACLYN VIVAS

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LEONARDO CONTRERAS	1530 SW 109TH AVE, APT 107	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACLYN VIVAS	1530 SW 109TH AVE, APT 107	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 26, 2024

Leonardo Contreras

LEONARDO CONTRERAS

Typed or printed name of signee