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97/22/24--01023--029 **25.00



COVER LETTER

Division of Corporations
SUBJECT: Spa Pl Mare LLC Name of Limited Liability Company
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:
Ashley Sybesman
Name of Person
The Smith law Livin
Firm/Company
509 whitehead Ct
Key west, Fr 33040
City/State and Zip Code + SLY & the smith law Kirm Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
High Sybesina at 305 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status S60.00 Filing Fee, Certificate Of S6

Registration Section

TO:

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

: Spa AL Mar		
(<u>Nâme of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our records.) Liability Company)	. ,
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ40002997</u> .48	were filed on $\frac{7/3}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	No colon show be present in name.	ted
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No colon show be present in	1d
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Name.	<u>ew registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	7.6.1
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
			□Add
			□Remove
			□ Change

mer _	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ectiv	ve date, if other than the date of filing:
te: l	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ume	nt's effective date on the Department of State's records.
	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
s file	ed.
ted_	JULU (2024) 2 0
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	Signature of a member or authorized representative of a member
	Ashley N. Sybeshoot Typed or printed name of signee