

12/4/24 1:38 PM

Division of Corporations

L24000365115

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
<3> SUA SPONTE OPERATIONS LLC

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K. SALY

DEC - 6 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** <3> SUA SPONTE OPERATIONS 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:

Mike Town

Name of Person

Legalzoom.com, Inc.

Firm/Company

9900 Spectrum Dr

Address

Austin, TX 78717

City/State and Zip Code

dereck.bohner@gmail.com

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

For further information concerning this matter, please call:

Mike Town

800 773-0888  
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 &  
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☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

<3> SUA SPONTE OPERATIONS LLC

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

**FILED**  
2024 DEC -5 PM 3: 29  
SECRETARY  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/20/2024 and assigned  
Florida document number L24000365115.

This amendment is submitted to amend the following:

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

Sua Sponte Operations LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)**

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Noah Bohner		<input type="checkbox"/> Add
		1072 COLONNADE AVE SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Azul Bohner		<input type="checkbox"/> Add
		1072 COLONNADE AVE SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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