Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000063640 3)))



H250000635403ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
-------	----------	--	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRAL SPOT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

: 🗆

Electronic Filing Menu

Corporate Filing Menu

Help

€D

Page: 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL SPOT LLC			<del></del>
(Name of the Limited Liability Committed (A Florida Limited	eny as it now appears on qui Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number 125000035005	were filed on <u>01/21/202</u>	5	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records	÷	2025 F EB TO THE PROPERTY OF T
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapter	ties, and I am fan r 605, F.S. Or, if i	this document is
If Chai	nging Registered Agent, Sign	nature of New Regist	ered 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>	Name	Address	Type of Action
AMBR	AMELIA TAJES	12401 WEST OKEECHOBEE ROAD, LOT 484	□Add
		HIALEAH GARDENS, FL 33018	Remove
			E Change
<del></del>			□Add
			□Remove
			□ Change
		<u></u>	⊃Add
			[]Remove
			□Change
			DAdd
•			TRemove
			🗆 Change
:			🗆 Add
			Remove
			Change
			□Add
			□Remove
			Change

•	
•	
-	
-	
	· · · · · · · · · · · · · · · · · · ·
-	
-	
_	
-	
Effecti	ve date, if other than the date of filing: (optional) cutive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
it an eti Note:	extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docum	ent's effective date on the Department of State's records.
e recore	specifies a delayed effective dute, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fil	ed.
	TTDDIVADV.IC 2004
Dated	FEBRUARY 18 2025
	ido C
	Signature of a member or authorized representative of a member
	AMELIA TAJES