L07000067392

(Re	equestor's Name)	
-		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-LIP	☐ WAIT	MAIL
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•		
· (Bu	siness Entity Nar	ne)
(Do	cument Number)	
and the state of		
Certified Copies	_ Certificates	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	
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Office Use Only



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02/09/09--01029--011 **20.00

02/09/09--01029--012 **55.00

B. KOHR

APR - 2 2009

EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2009

; ;

ANTONI ANSAROV SPIRADIC PRODUCTIONS, L.C. 1835 N.E. MIAMI GARDENS DRIVE, STE. 362 NORTH MIAMI BEACH, FL 33179

SUBJECT: SPIRADIC PRODUCTIONS, L.C.

Ref. Number: L07000067392

PILED 98 3: 55
O9 MAR 31 PN 3: 55
TALLAHASSEE, FLORIDA

We have received your document for SPIRADIC PRODUCTIONS, L.C. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$75.00 payment.

You have submitted a REGISTERED AGENT CHANGE form. Are you trying to change the company's present Registered Agent? Or the Registered Agent's address. If so, please complete Items 5A and 5B. List the present R.A. name and address in Item 5A, and then list the new R.A. name and address in 5B.

If you are not actually trying to change the R.A. -- if you are trying to make some other change -- then you would need to file an LLC AMENDMENT FORM instead of this R.A. CHANGE FORM.

The fee to file the AMENDMENT FORM is the same -- \$25.00 -- as the R.A. CHANGE form, and so the \$75.00 we are holding for you could be applied to filing an amendment and providing the certification you have requested.

Please do not hesitate to call me at my direct number below if you have any questions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 509A00004861

COVER LETTER

TO:	Registration Section Division of Corporations				
•					
SUBJ	ECT:Spiradic P.	roduct	ions, L.C.		THURMASSE
		of L	imited Lial	bility Company)	1
			,	• • • • • • • • • • • • • • • • • • • •	
_		`			77
Dear	Sir or Madam:				~
The e	nclosed Registered Agent/Registered	Offic	e Change	and fee(s) are submitted for	filing.
Please	e return all correspondence concernin	g this	matter to t	the following:	* .
·	Antoni Ansarov			_	
	(Name of Person)			·	
	Spiradic Productions, L.C.			• .	
·		·			
	(Firm/Company)				
	1835 N.E. Miami Gardens Dri		:: #aca		
	·	ve, st	ute #362	_	
	(Address)				
	North Miami Beach, FL 33179				
	(City/State and Zip Code)				
	(City/State and Zip Code)				
For fu	rther information concerning this ma	iter, p	lease call:		
	Antoni		561	289–6491	,
		at (()	
	(Name of Person)		(Area Co	ode & Daytime Telephone N	lumber)
	STREET/COURIER ADDRESS:		MAT	LING ADDRESS:	
	Registration Section	Registration Section			
	Division of Corporations		Division of Corporations		
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle	er Circle Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				,
	Enclosed is a check for the following	ng an	nount:		
	☐ \$25 Filing Fee		⊠ \$55	Filing Fee & Certified Copy	y ·
	-		,	2 (ertificates of	

INHS18 (5/08)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OSMAR 31 PH 3: 53

Spiradic Produc	tions, L.C.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed onJune_26, :	2007 and assigned
Florida document numberL07000067392		
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 end with the words "Limi L.L.C."	ited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	Gorgija Euleski 38	/4
Mailing address MAY BE A POST OFFICE BOX	1000 Skopje, Maced	onia
	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		.47
New Registered Office Address:		
! _! .	(Enter Florida	street address)
		lorida
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM =	Managing Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
,			Add
			Remove
			7 Add
			Remove
			 Add :
			Remove
•			_ Add
			Remove
			Add Remove
			Add Remove
. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necessa	ry.)
			······································
			
			 .
Dated	March 26	2009	
	1		
	- /	nember or authorized representative of a member VENCE ANSA (0 F F	
,	1/400	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00