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T. HAMPTON

COVER LETTER

	egistration Section ivision of Corporations
SUBJEC	:
	Name of Limited Liability Company
The encl	ed Articles of Amendment and fee(s) are submitted for filing.
Please re	rn all correspondence concerning this matter to the following:
	Douglas Scott Shackelford Name of Person
	Name of Person
	180 DAY SpA Firm/Company
	131 E. Palmetto Park Rd. Suite C
	Address
	Bola Raton FL 33432 City/State and Zip Code 5 (0H 5 h A CK 22 @ y 0 h 00, iom
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	information concerning this matter, please call:
Do	glas Scott Shackelford at (561, 271-8580
	Name of Person Area Code & Daytime Telephone Number
Enclosed	a check for the following amount:
\$25.0	Filing Fee \$\ \times \\$30.00 \text{ Filing Fee & } \ \times \\$55.00 \text{ Filing Fee & } \ \text{Certified Copy } \ \text{(additional copy is enclosed)} \] Certified Copy (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

FILEU ARTICLES OF ORGANIZATION OF CHRESPATIUS TO

	OF	12 OCT 17 AH 10): 2 ?		
180 On	y SpA LLC				
(Name of the Limited L	IADILILY CUIIIDAIRY AS IL IIUW A	ppears on our records.)			
•	lorida Limited Liability Comp				
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed or	06/28/12	and assigned		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liability compan	y <u>here</u> :			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability C	Company," the designation '	'LLC" or the abbreviation		
Enter new principal offices address, if applicab	ele:	·			
(Principal office address MUST BE A STREET	ADDRESS)				
			_		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	0X)				
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter	the name of the new		
			c /		
Name of New Registered Agent:	Douglas . 131 EAST PAI	Scott Shackelt	ord		
New Registered Office Address:	131 EAST PAI	lmetto PAIK RO	! Suite C		
Enter Florida street address					
	BOCG RATUN	, Florida _	33432		
	City		Zip Code		
New Registered Agent's Signature, if changing Reg	gistered 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 lightly Douglas Sout Machaes company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member Title Name **Address Type of Action** Zachary Shackelford 131 East Palmetto Park Rd. Suite 6 Add
BOCA PAtow, FL 33432 PRemove MGR Douglas Scott Shackelford 131 Enst Palmetto Park Rd. Suite C MAdd
BULA RATON, FL 33432

Remove MGR JoshuA Shackelford 131 East Palmetto Park Rd. Sutte C NAdd BOCA RATON, FL 33432 Rem MERM ☐ Add Remove ∏Add Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2012 Dated Diraglas full Shull Signature of a member or authorized representative of a member Douglos Sioth Shackelfold Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00