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**EXAMINER** 



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SECREIARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Nine Back of Person Nine Back of Person Nine Back of Person 10211 Pines BLD. Soite 117
Address  Pen Dolle Diel Fl. 33026  City/State and Zip Code  N. Segre @ a Dire (and thing) L. Com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (954) 260 · 378 f  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\begin{align*} \pm

### 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

Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 3/22/95 and assigned Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil  Metaspike LLC  The new name must be distinguishable and end with the words "Limite "L.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	RM Drolle Dines, Fl. 33026			
Enter new mailing address, if applicable:	M 10627 NW744 St.			
(Mailing address MAY BE A POST OFFICE BOX)	DEMINING PAPE, Fr. 55020			
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:	AT 99			
	Enter Florida street address 0			
	Florida Florida			
New Registered Agent's Signature, if changing Registered Agent:	City Mp Code The Res of The Res o			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act in the provisions 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:

MGR = Manager

MGRM = Ma	enaging Member		
Title	Name NS-	Address	Type of Action
MERTI	Oliva Segura		Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
Dated 10	116/09		FILI 99 OCT 19 SECRETARY
-	Signature of a member	Shauthorized representative of a member	19 AM 8: 32 NSSEE FLORIDA
_	Typed o	r printed name of signee	D

Page 2 of 2

Filing Fee: \$25.00