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D. BRUCE

AUG 0 8 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	s	
SUBJECT:	SPT Unlim, FEd  Name of Limited Liability Company	LLC
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
	Charles A. Tabary	
_5	PT Unlim, fed LLC Firm/Company	
	07 B E. CErvantes St	
	ensacola, FL 32501	
(	City/State and Zip Code  Chip - tabary Qyahoo.com E-mail address: (to be used for future annual report notification	SECRE TALLAH
For further information concerning	this matter, please call:	3-5 ASSE
Charles Taba Name of Person	City/State and Zip Code  Chia + Abary & yahoo con E-mail address: (to be used for future annual report notification this matter, please call:  at ( SO4) 722 - 03  Area Code & Daytime Tele  Of Filing Fee & Certified Copy (additional copy is enclosed)	PAY FOR THE CONTROL OF STATE O
Enclosed is a check for the following	ng amount:	
<b>□</b> \$25.00 Filing Fee	00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADD	RESS: STREET/COURIER A	ADDRESS:

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

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPT Un	limited	LLC
(Name of the Limited Liability Comp	any as it now appear	
	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	9/13/2005 and assigned
Florida document number 4 95 900 94 70	25	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here	;
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		A co
(Principal office address MUST BE A STREET ADDRESS)		AFE & TI
		TASSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S TAI S
		Dr. (A)
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on or	ir records, enter the name of the new
	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kelly F. Tabary	707 B. Eds+CzrumtesS+# Pensacola, FL 32501	4,76 Add <b>∑</b> Remove
		<u></u>	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	<u>.                                    </u>
		, r	INTED SING 69

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Filing Fee: \$25.00