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COVER LETTER

Division of Corporations
SUBJECT: Spencer LITY LLC
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:
Heather Wilson Name of Person
Tranzact Information Services
rini/company
301 yamato Rd , Suite 4150
Address
Boca Raton, FL 33431 City/State and Zip Code
heather. wilson@tranzactis.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Wilson / Bunjamin wardshap (561) 237-0072
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (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 TO ARTICLES OF ORGANIZATION OF

Spencer Lill	y UC	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 11/10 2005	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
	ne words "Limited Liability Company," the designation "!	LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
A. If amending name, enter the new name of the limited liability company here: Spencer Lily LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new mailing address, if applicable:		
	X)	
		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		- MONTH
	Enter Florida street add , Florida	dress
-	City , Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	<u> </u>

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:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_
_			_
ated	QIA.	·	
	Signature of a membe Benjamin Wald Typed	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00