

LD0000060633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2006

LAURA SPAULDING
16185 RAMBLING VINE DR E
TAMPA, FL 33624

SUBJECT: SPAULDING DEEON, LLC
Ref. Number: L06000060633

We have received your document for SPAULDING DEEON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 806A00053406

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPAULDING DECON, 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:

LAURA SPAULDING
(Name of Person)

SPAULDING DECON, LLC
(Firm/Company)

16185 Rambling Vine DR E
(Address)

Tampa, FL 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA SPAULDING
(Name of Person)

at (813) 298-7122
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
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

SPAULDING DECON, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 8-9-06 and assigned
document number L06000060633.

SECOND: This amendment is submitted to amend the following:

THE NAME OF THE COMPANY WAS
MISSPELLED. THE CORRECT NAME OF THE
COMPANY IS SPAULDING DECON, LLC. THE WORD
"DECON" WAS SPELLED "DEON". ALSO PLEASE
CHANGE THE REGISTERED AGENT FROM KELLIE
DANIEL TO LAURA SPAULDING. LAURA SPAULDING
IS THE OWNER, REGISTERED AGENT, AND MANAGER.

Dated Aug 26, 2006.

Laura Spaulding

Signature of a member or authorized representative of a member

LAURA SPAULDING

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

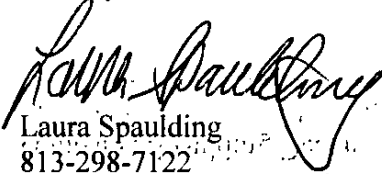
Laura Spaulding
16185 Rambling Vine Dr E
Tampa, FL 33624

Re: Registered Agent

To Whom It May Concern:

I have received a letter from Document Specialist, Gina McLeod advising that I need to write a letter indicating acceptance as a registered agent. I hereby am familiar with and accept the duties and responsibilities as registered agent for said limited liability company, Spaulding Decon. My name and my name only should be used in reference to this company as the sole owner, registered agent, and responsible party. Please contact me if you need anything further.

Thank you,


Laura Spaulding
813-298-7122

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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