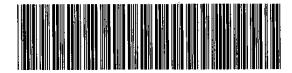
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Ст:	SPEARS F (Name of Limit	AMILY LLC ted Liability Company)	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspon	ndence concerning this matter	to the following:	
		<u>54</u> :	SAN SPEARS (Name of Person)	
			5 FAMILY LUC (Firm/Company)	
		404 L	YNN 57, (Address)	
		DANVIL	(Address) UE VA 245 (City/State and Zip Code)	41
For fur	ther information co	oncerning this matter, please or	all:	
	SUSAN (Name o	SPEARS If Person)	at (434) 197-19 (Area Code & Daytime T	762 (elephone Number)
Enclose	ed is a check for th	e 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



RECEIVED

08 OCT 17 AM 8 00

FLORIDA DEPARTMENT OF STATE: SCHOOL STATE:

October 7, 2008

SUSAN SPEARS SPEARS FAMILY LLC 404 LYNN ST. DANVILLE, VA 24541

SUBJECT: SPEARS FAMILY LLC Ref. Number: L07000012757

We have received your document for SPEARS FAMILY 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 designation of the registered agent must be at a Florida street address.

Your registered agent address must be changed before we can file your amendment. You may add that to this amendment you are filing.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 008A00052952

Division of Comparations DO POV 6997 Tollahassas Florida 2991

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 OCT 17 PM 1:08

SPE.	ARS FAM	TILY LL	-	KETARY OF STATE MASSEE, FLORIDA			
(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 Lia Florida document number <u>L070000</u>	ability Company we		^	_and assigned			
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liability	y company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," th	e designation "LL	C" or the abbreviation			
Enter new principal offices address, if applica	ible:	404 LYN	N 5T.				
(Principal office address MUST BE A STREET ADDRESS)		DANVICCE	E, VA	24541			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	- <u>BOX)</u> _	404 LYK DANVICE	JN ST. E, VA	24541			
B. If amending the registered agent and/or registered agent and/or the new registered of		address on our re	cords, <u>enter the</u>	e name of the new			
Name of New Registered Agent:							
New Registered Office Address:	4701	LINW WOOT	57 . orida street addr	ec.)			
	SARASOT	City)	, Florida	34232 (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 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 **Address Type of Action** Title Name ROBERT SPEARS 107 MILITARY DRIVE CHATHAM, VA 24531 _ Add Remove 🗂 Add Remove ☐ Add □ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2007 Dated Signature of member or authorized representative of a member SUSAN SPEARS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00