L07000018499

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11 JUL 28 PH 12: 50

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration S Division of Co					
SUBJECT, SPIRIT	- "LLC"		F		
SUBJECT: SPIRIT "LLC", (Name of Limited Liability Company)					
	Amendment and fee(s) are sub				
rease return an corresp	ondence concerning and matter	to the following.			
	PAZ SHOHAM, EA				
		(Name of Person)			
	GILMAN CIOCIA INC				
		(Firm/Company)			
	2875 NE 191st ST STE	501			
		(Address)			
	AVENTURA, FL 33180				
		(City/State and Zip Code)			
For further information	concerning this matter, please c	all:			
Paz Shoham		at (305) 692-5204			
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	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)		
	JNG ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS
11 JUL 28 PH 12: 50

SPIRIT "LLC",		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou	ır records.)
The Articles of Organization for this Limited Liability Company	were filed on 02/19/200	7 and assigned
Florida document number L07000018499		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1956 Tigertail Blv, Dar	nia Beach, FL 33004
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:	1956 Tigertail Blv, Dar	nia Beach, FL 33004
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	(Enter Flo	orida street address)
	(City)	, Florida(Zip Code)
	(CHY)	(Zip Coae)

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 Type of Action **Title Address Name** SUSTERMAN, SARA R DR MGRM Add Remove Remove **7** Add Remove Remove ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 20 Signature of a member or authorized representative of a member Sagha Gusternau
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00