## W1000075414

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE
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## **COVER LETTER**

Division of Co				
SUBJECT: RUST	ED SPOON VENT	URES, LLC		
	(Name of Li	mited Liability Company)	<del></del>	
	of Amendment and fee(s) are su	· ·		
	Michael Levenber	rg		
		(Name of Person)	<del></del>	
	Rusted Spoon Ve	ntures, LLC		
		(Firm/Company)		
	6134 Hollywood E	Blvd.		
		(Address)		
	Hollywood, FL 33	024		
	•	(City/State and Zip Code)	wand .	23
For further information	concerning this matter, please	call:	SECRET	2007 DEC
Michael Leven		at(954)648-8420	ASS	5 F
(Name	e of Person)	(Area Code & Daytim	e Telephone Number)	M 10: 50
Enclosed is a check for the	e following amount:		DRID	): 50
<b>☑</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

## RUSTED SPOON VENTURES, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on July 23, 2007 and assigned document number		
SECOND:	This amendment is submitted to amend the following:		
	Please change the name and address of the manager to:	<del></del>	
	Managing Member		
	Michael Levenberg		
	9977 NW 16th Street	2007	
	Coral Springs, FL 33071	DEC.	THE PARTY.
	SS:	RY	
Please add the FEIN: 26-0970891		AM 10:	An extress
		ATE	
	Thank you.		
Dated No	vember 26 , 2007		
	Mundy	<del></del>	
	Signature of a member or authorized representative of a member  Michael Levenberg		
	Typed or printed name of signee	<del></del>	

Filing Fee: \$25.00