## L07000100380

| • •                                     |
|---|
| (Requestor's Name)                      |
| (Address)                               |
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| (Madicas)                               |
| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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D. BRUCE AUG 18 2010 EXAMINER

## **COVER LETTER**

| · · · · · ·             | FDEC                                       | SUSPOTALO   |  |  |
|-------------------------|--|---|--|--|
| SUBJECT:                |  | H SPOT LLC ited Liability Company                                     | -  |  |
|                         |  | Ziacini, Company  |  |  |
| The enclosed Articles   | of Amendment and fee(s) are sul            | bmitted for filing.   |  |  |
| Please return all corre | spondence concerning this matter           | r to the following:   |  |  |
|                         | ,  | ANDREA DEL VALLE  |  |  |
|                         |  | Name of Person  |  |  |
|                         | FRESH SPOT LLC                             |   |  |  |
|                         |  | _   |  |  |
|                         | 14   | 1209 SUNDIAL PLACE  |  |  |
|                         |  | Address   | _  |  |
|                         | BF   | RADENTON, FL 34202  |  |  |
|                         |  | City/State and Zip Code   | Pag =  |  |
|                         | E-mail address: (                          | esh_spot@yahoo.com (to be used for future annual report notification) | 10 AL  |  |
| For further informatio  | n concerning this matter, please           | call:   | AUG 12 PM 2  |  |
| AND                     | DREA DEL VALLE                             | at (941) 400-9664   | PH 2:  |  |
| Nam                     | e of Person                                | Area Code & Daytime Telephone Numb                                    | Der CO N. C  |  |
| Enclosed is a check for | or the following amount:                   |   |  |  |
| \$25.00 Filing Fee      | \$30.00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certific        | Filing Fee,<br>cate of Status &<br>ed Copy<br>onal copy is enclosed) |  |
|                         | ILING ADDRESS: istration Section           | STREET/COURIER ADDRESS: Registration Section                          |  |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | FRESH SPOT LLC  |   |            |              |
|--|---|---|------------|--------------|
| (Name of the Limited<br>(A                         | Liability Company as it now appear Florida Limited Liability Company) | a <u>rs on our records.</u> )           |            |              |
| · ·  | , , ,   |   |            |              |
| The Articles of Organization for this Limited Li   | ability Company were filed on   | 10/01/2007                              | and as     | ssigned      |
| Florida document numberL07000100                   | 380   |   |            |              |
|  |   |   |            |              |
| This amendment is submitted to amend the following | owing:  |   |            |              |
| A. If amending name, enter the new name of         | the limited liability company he                                      | ere:                                    |            |              |
| •  |   | _                                       |            |              |
| The new name must be distinguishable and end wit   | h the words "Limited Liability Comp                                   | pany," the designation "I               | LC" or the | abbreviation |
| "L.L.C."   |   |   |            |              |
| Enter new principal offices address, if applica    | able:   |   | <b>7</b>   |              |
| (Principal office address MUST BE A STREE          | T ADDRESS)  |   |            | >            |
|  |   |   | H          | क भा         |
|  |   |   | LR)        | ~ r=         |
| Enter new mailing address, if applicable:          |   |   | mes :      | e in         |
| (Mailing address MAY BE A POST OFFICE              | BOX)  |   |            | <u> </u>     |
|  |   | , |            | יים<br>-     |
|  | <del></del>   |   | 1>         |              |
| B. If amending the registered agent and/o          |   | our records, enter                      | the name   | of the nev   |
| registered agent and/or the new registered of      | <u>fice address here</u> :  |   |            |              |
|  |   |   |            |              |
| Name of New Registered Agent:                      | ANDREA DEL VALLE  |   |            |              |
| New Registered Office Address:                     | 14209 SUNDIAL PLACE   |   |            |              |
|  | Enter Florida street address  |   |            |              |
|  | BRADENTON   | , Florida                               | 342        |              |
|  | City  |   | Zip Cod    | de           |
| No D A A A A                                       | No. of Autor 1 August 1   |   |            |              |

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 gonfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

| Title '            | Name                                    | Address   | Type of Action |
|--------------------|---|---|----------------|
| MGRM               | JULIANA BOTERO                          | 14209 SUNDIAL PLACE<br>BRADENTON, FL 34202                        | Add<br>Remove  |
| MGRM               | ANDREA DEL VALLE                        | 14209 SUNDIAL PLACE<br>BRADENTON, FL 34202                        | ✓ Add Remove   |
| <del></del>        |   |   | Add<br>Remove  |
|                    |   |   | Add<br>Remove  |
|                    |   |   | Add<br>Remove  |
|                    | - <del> </del>                          |   | Add<br>Remove  |
| D. If amendi<br>—— | ng any other information, enter change( | (s) here: (Attach additional sheets, if necessary.)               | 10 AUG 12 PM   |
|                    |   |   | - S. 61        |
| Dated              | JULIANA BOT                             | or authorized representative of a member r printed name of signee |                |

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Filing Fee: \$25.00