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# **COVER LETTER**

cun irca.		al Spies, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
	Dick and Val Spies, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:  Valerie Spies  Name of Person  Dick and Val Spies, LLC  Firm/Company  6201 Lynn Rd.  Address  Tampa, Fl 33625  City/State and Zip Code  valspies@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:			
		<del></del>	Name of Person	
		Dick and Val Spies, LLC		
		<del></del>	Firm/Company	
		6201 Lynn Rd.		
			Address	
		Tampa, FI 33625		
			City/State and Zip Code	<del>.</del>
		<del>-</del> -		····
		·	·	ation)
For further i	nformation co	oncerning this matter, please ca	all:	
Valerie Spi	es			
-	Name of	Person		elephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy

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

Dick and Val Spies, LLC				
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)		
<del>-</del>		on 11/26/2007	and assign	ed
Florida document number 207000110004	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability comp	any here:		
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abbrevi	ation "L.L.C.	
Enter new principal offices address, if appli	cable:			
• •			<b>6</b>	¥SE 3S
Trincipal office and est MOST DE MOTRE				25
			<del></del>	SECRETARY OF STAIL
			2	82,5
Enter new mailing address, if applicable:	<del></del>			<u>- 3</u> 90
Mailing address MAY BE A POST OFFICE			Ç.	RS L≥S
			2	15/2
			<u>.</u> .	(0)
0 0	~	ess on our records, <u>enter the</u>	name of	the new
Name of New Registered Agent:	Valerie Spies			<del></del>
New Registered Office Address:	6201 Lynn Rd.			
	(Name of the Limited Liability Company as it now appears on our records.)  (A Florda Limited Liability Company)  ganization for this Limited Liability Company were filed on 11/26/2007 and assigned number L07000118084  s submitted to amend the following:  name, enter the new name of the limited liability company here:  re distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  pal offices address, if applicable:  reddress MUST BE A STREET ADDRESS)  reg address, if applicable:  RAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:  New Registered Agent:  Valerie Spies			
	Tampa	, Florida <sup>33625</sup>		
	City		p 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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Dick Spies	6201 Lynn Rd.	
		Tampa, FI 33625	<b>≅</b> Remove
			Change
	<u>.                                    </u>		
			☐ Remove
			Change
			Add
			Remove
			□ Change
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			Remove
			☐ Change
			Add
		☐ Remove	
			Change
<u></u>			☐ Add
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)	
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	2	CORPOR
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	22	SNOL
		·
Effective date, if other than the date of filing:(option	al)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ing.) Pursuant to 605 ate will not be liste	.0207 ed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.r		
The 90th day after the record is filed.	n. on the earlie	er or
Dated $\frac{\sqrt{25/18}}{\sqrt{25/18}}$		
Dated Color   10		
Voleno Join		
Signature of a member or authorized representative of a member		
VALERIE Spies		

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Filing Fee: \$25.00