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SECRETARY OF STATE
ALL AHASSEE FLORIDA

## **COVER LETTER**

TO: Registration Division of	1 Section . Corporations
SUBJECT: 9	SPYKK, ENTERPRISES, LLC (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Stuart G. Pitrat (Name of Person)
	(Name of Person)
	SPYKK ENTERPRISES, LLC
	SPYKK ENTERPRISES, LLC (Firm/Company)
	1414 W. Granada Blud, Svite 1 (Address)
	(Address)
	Ormand Beach, FL 32174 (City/State and Zip Code)
	(City/State and Zip Code)
For further information	on concerning this matter, please call:
Stuart	6. Pitrat at (386) 547-6454 me of Person) (Area Code & Daytime Telephone Number)
(Na	me of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

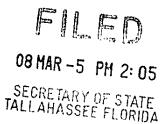
MAILING ADDRESS:

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



SPYKK, ENTER.			
(Name of the Limited Lia	bility Company as it now appride Limited Liability Compan	pears on our records.)	
(A Flu	nda Emmed Elability Compar	(y)	
The Articles of Organization for this Limited Liabil	ity Company were filed on _	12/13/07	and assigned
Florida document number <u>L 0 7000 / 2 36</u>	16		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	•	<u>here</u> :	
SPYKK ENTERBRISES			
The new name must be distinguishable and end with the	e words "Limited Liability Co	mpany," the designation "I	LC" or the abbreviation
"L.L.C." Note: The original Now I am filing to !	u has an extra	a comma after	The SPYKK which
I au filing to !	Le renoved		
B. If amending the registered agent and/or r	egistered office address o	n our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	(Enter Florida street address)		
		. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis	stered 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 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
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. –	1006 Indian (b)	Le W., Holly Hill FL 32117	B MAR
<del></del>	1414 W. Grana de	Blud, Sirk 1, Orward Beach,	
Dated	3/4/2008	( State of Control of Color,	PH 2: 05 FLORIG
<del></del>	Mint 1 RT		2: 05 STATE STATE
	Signature of a member	er or authorized representative of a member	
	Stuart G. PI	TRAT d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00