## L0800024914

| (Requestor's Name)      |                    |                                       |  |  |
|-------------------------|--------------------|---------------------------------------|--|--|
|                         |                    |                                       |  |  |
| (Ad                     | ldress)            |                                       |  |  |
| •                       |                    |                                       |  |  |
| (Ad                     | ldress)            |                                       |  |  |
| <b>(</b>                | <b>-</b>           |                                       |  |  |
| (0)                     | hulCtata/Zin/Dhana | - #\                                  |  |  |
| (Cil                    | ty/State/Zip/Phone | = #)                                  |  |  |
| PICK-UP                 | ■ WAIT             | MAIL                                  |  |  |
|                         |                    |                                       |  |  |
| (Bu                     | siness Entity Nar  | ne)                                   |  |  |
|                         |                    |                                       |  |  |
| (Do                     | cument Number)     | · · · · · · · · · · · · · · · · · · · |  |  |
| ,                       | ·                  |                                       |  |  |
| Certified Copies        | Certificates       | of Status                             |  |  |
| Certified Copies        | _ Certificates     | o oi Status                           |  |  |
|                         |                    |                                       |  |  |
| Special Instructions to | Filing Officer:    | ,                                     |  |  |
| 1 00                    | 11                 |                                       |  |  |
| OE                      | LLERS              |                                       |  |  |
|                         | <b>7</b> 2008      |                                       |  |  |
|                         |                    |                                       |  |  |
| EXAMINER                |                    |                                       |  |  |
| ,                       |                    |                                       |  |  |
|                         |                    |                                       |  |  |

Office Use Only

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06/19/08--01015--016 \*\*25.00

SECRETARY OF STATE
TALL AHASSEE FLORIDS

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   | •  | •   |
|--|---|--|---|
| SUBJECT:                                 | R Spot<br>(Name of Lim                      | ited Liability Company)  |   |
| The enclosed Articles of A               | mendment and fee(s) are sub                 | omitted for filing.  |   |
| Please return all correspon              | dence concerning this matter                | to the following:  |   |
|  | Exic  | M. FLY BERGE<br>(Name of Person)                                   | <u> </u>  |
|  |   | Spot LLC. (Firm/Company)   |   |
|  | <u>5858</u>                                 | ROOSE VE/7. 3/   | رير.  |
|  |   | City/State and Zip Code)   |   |
| For further information con              | ncerning this matter, please o              | all:   |   |
| (Name of                                 | Person)                                     | Area Code & Daytime To   | 9/76<br>elephone Number)  |
| Enclosed is a check for 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) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: X
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2008 JUN 19 PM 1:29

SECRETARY OF STATE

| K SPUI  | , ll                                |  | JALLAHASSEE, FLORIFA                           |
|---|-------------------------------------|--|--|
| (Name of the Limited Li<br>(A Fl  | ability Company<br>orida Limited Li | y as it now appear<br>ability Company) | s on our records.)                             |
| The Articles of Organization for this Limited Liab Florida document number                  |                                     | were filed on                          | 3/10/08 and assigned                           |
| This amendment is submitted to amend the follow   | ing:                                |  |  |
| A. If amending name, enter the new name of the  | <u>ie limited liabil</u>            | ity company her                        | <b>:</b>                                       |
| The new name must be distinguishable and end with to "L.L.C."                               | he words "Limite                    | ed Liability Compa                     | ny," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicab  | le:                                 |  |  |
| (Principal office address MUST BE A STREET)   | ADDRESS)                            |  |  |
|   |                                     |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO         | <u>)X)</u>                          |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered offic |                                     |  | ur records, enter the name of the new          |
| Name of New Registered Agent:   |                                     |  |  |
| New Registered Office Address:  |                                     |  |  |
|   |                                     | (En                                    | ter Florida street address)                    |
| -   |                                     | (City)                                 | , Florida<br>(Zip Code)                        |
| New Registered Agent's Signature, if changing Reg   | istered Agent:                      | (Cny)                                  | (Zip Code)                                     |

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         |
| MCZ          | DESMOND BROWN                            | 2185 DEBORAH DRIVE<br>Spring Hill, FC. 34609         | Add Remove             |
| MGL          | MAURICE Ple Close)                       | 313 EAST LAKE CLUB DV                                | Add Remove             |
| <del></del>  |  | •  | Add Remove             |
|              |  |  | Add Remove             |
|              |  |  | Add Remove             |
|              |  |  | Add Remove             |
| D. If amend  | ding any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | )<br>                  |
| _            |  |  | <u> </u>               |
| · ·          |  |  | 3008<br>3187<br>3197   |
| Dated        | 6/17/08, Signature of a member           |  | THASSAFIA<br>BETARY OF |
|              | ERI'C M. Typed o                         | or printed hame of signee                            | 30                     |

Page 2 of 2

Filing Fee: \$25.00