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SECRETARY OF STATE
TALLAHASSEE: FLORIDA

D. BRUCE

FEB 27 2009

EXAMINED

COVER LETTER

SUBJECT: SPYDE	R PI SERVICES LL	С				
	(Name of Lim	ited Liability Company)				_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
HANAN ASSAYAG						
SPYDER PI SERVICES LLC						
	9284 TALWAY CIRCLE					
(Address)						
				L A	09 FEB 26	
BOYNTON BEACH, FL 33472						T
(City/State and Zip Code)						
				10 P	PH	IT
For further information concerning this matter, please call:					.; 	
		504 004 0040		TATE ORID	00	
HANAN ASSAYAG	of Person)	at (561) 891-2240 (Area Code & Daytime T	elenhone Numbe		_	
(Name C	1 1 013011)	(Alloa Code de Dayanie I	ciopiono rumbe	<i>a)</i>		
Enclosed is a check for the	ne following amount:					
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stat		os e d)
			•			

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

SPYDER PI SERVICES LLC					
(Name of the Limite	i Liability Compa A Florida Limited L	ny as it now appea Liability Company)	rs on our records.))	
The Articles of Organization for this Limited I					ssigned
Florida document number L08000036607	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Comp	any," the designatio	on "LLC" or the	abbreviation
Enter new principal offices address, if appli	cable:	9284 TALWAY	CIRCLE		
(Principal office address MUST BE A STRE	ET ADDRESS)	BOYNTON BE	ACH, FL 33472	ALE O	
Enter new mailing address, if applicable:				RETARY O	
(Mailing address MAY BE A POST OFFICE					
Mauing address MAT DE A POST OF FICE	<u> </u>			STATE LORIDA	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>ent</u>	_	of the nev
Name of New Registered Agent:	<u>ḤANAN ASSA</u>	YAG			
New Registered Office Address:	9284 TALWA	Y CIRCLE			
		(E	inter Florida street	t address)	
	BOYNTON BEACH		, Florida		· · ·
		(City)		(Zip Ca	de)

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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Type of Action Address Title Name RANDALL, JEFFREY R mgr 6415 LAKE WORTH ROAD SUITE 307 Add GREENACRES FL 33463 Remove _ Add Remove 🗂 Add Remove ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated FEBRUARY 23 Signature of a member or authorized representative of a member HANAN ASSAYAG Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00