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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 2 4 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SURII	ECT:			
301001	<u></u>		SSPOT.COM ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
Kelly Kopp Name of Person			·····	
			SPIKESSPOT.COM	
			Firm/Company	·
			3721 Ibis Dr	
Οι			rlando, Florida 32803	
			City/State and Zip Code	
		E-mail address: (llyrkopp@hotmail.com to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please o		,
<u> </u>		Kelly Kopp	at (407)	716-3998 ne Telephone Number
	Mattie O	r Ferson	Area Code & Dayur	ne reiepnone Number
Enclose	ed is a check for th	ne following amount:		
\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on rations
Tallahassee, FL 32314		ssee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPI	KESSPOT.COM				
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)			
,					
The Articles of Organization for this Limited Liability (Company were filed on	02/02/09	and assi	gned	
Florida document numberL09000010346	_ 				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation "LL	C" or the al	bbreviation	
Enter new principal offices address, if applicable:				9_	
(Principal office address MUST BE A STREET ADD	RESS)			38	
			=	2 <u>2</u>	
	,		23	CAP.	
Enter new mailing address, if applicable:			>	음유 문	
(Mailing address MAY BE A POST OFFICE BOX)				OR ST	
William underess MAT BLATOST OF TICE BOTO			6	TON:	
B. If amending the registered agent and/or regi- registered agent and/or the new registered office ad-		our records, <u>enter th</u>	e name of	the new	
Name of New Registered Agent:					
New Registered Office Address:	Fr	ster Florida street addre	200		
	En		AJJ		
- -	City	, Florida	Zip Code		
	City		Lip 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 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 = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGRM** Sandy Harman 525 S. Conway Rd. #51 √ Remove Orlando, Florida 32803 ☐ Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00