## L09000038574

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EXAMINER

## **COVER LETTER**

TO:	Registration Se Division of Con		
SUBJE	СТ:	Spoon bill Name of Limi	Investments 11C ited Liability Company
The end	closed Articles of	Amendment and fee(s) are sub-	bmitted for filing.
Please	eturn all corresp	ondence concerning this matter	r to the following:
		Nicho	Vas Risi Name of Person
			Firm/Company
		9200 S.	Dadeland Blud, #705
	·	Miam	City/State and Zip Code
		RISI NICK E-mail address: (	City/State and Zip Code  City/State and Zip Co
For fur	ther information	concerning this matter, please	call:
	Nich.	olas Risi	at (305) 213 - 2062 Area Code & Daytime Telephone Number
١.,		the following amount:	
<b>A</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	MAII	LING ADDRESS:	STREET/COURIER ADDRESS:
	Regis Divisi P.O. I	tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spoon bill Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 2/2009 and assigned Florida document number  $\angle 0900038576$ . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 = Ma MGRM = M	nager 1anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Nicholas Risi	9200 S. Dadeland Blud. # 705 Miams, FL 33156	Add Remove
MGR	John Risi	9200 S. Jude (and 3/08 # 708 Miani, FL 33/56	Add Remove
MGRIM	Steven L. Risi	9200 S. Padefand 3101 Miam, Fl 33156	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	Add Reffigive
		<b>B</b> -(-) <b>1</b>	STATE OF STA
<del></del>			<u></u> 0
Dated	August 23/20	<u>012</u> .	
		er or authorized representative of a member	<del></del>
	<u>    Nicholas</u>	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00