

# L09000112346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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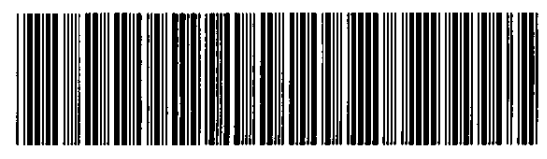
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 22 2011

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: See Spirit LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Alan Wigginton**  
Name of Person  
  
Firm/Company  
  
**7655 Madden Lane**  
Address  
  
**Fishers IN 46038**  
City/State and Zip Code  
  
**SEESPIRIT@LIVE.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Alan Wigginton** at ( **925** ) **518-8330**  
Name of Person Area Code & Daytime Telephone 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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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11 JUN 20 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

See Spirit 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 11/16/09 and assigned  
Florida document number L09000112346

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: 7655 Madden Lane  
(Principal office address MUST BE A STREET ADDRESS) Fishers IN 46038

Enter new mailing address, if applicable: 7655 Madden Lane  
(Mailing address MAY BE A POST OFFICE BOX) Fishers IN 46038

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: IN Corp Services, Inc.  
New Registered Office Address: 17828 67<sup>th</sup> Court North  
Loxahatchee, Florida 33470  
City Zip 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.

(Signature) on behalf of IN Corp Services, Inc.  
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 below added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgrm	John F. Hamele	1516 Patricia Ave Dunedin EL 34898	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgrm	Alan Wigginton	7855 Madden Lane Fishers IN 46038	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated June 5, 2011.

Alan Wigginton  
Signature of a member or authorized representative of a member

Alan Wigginton  
Typed or printed name of signer