

LO9000112346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

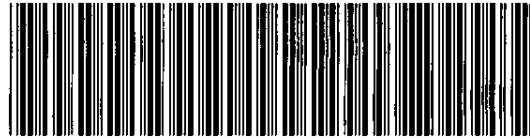
(Business Entity Name)

(Document Number)

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11 SEP 27 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 28 2011

EXAMINER

## 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:

BRENDA E. BRINN  
Name of Person

SEE SPIRIT LLC  
Firm/Company

4790 SEASCAPE WAY #201  
Address

JACKSONVILLE FL 32224-6035  
City/State and Zip Code

SEASPIRITEXPERIENCE@LIVE.COM  
E-mail address: (to be used for future annual report notification)

FILED  
11 SEP 27 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRENDA E. BRINN at ( 813 ) 786-6311  
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

**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 11/6/09 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:

(Principal office address MUST BE A STREET ADDRESS)

4790 SEASCAPE WAY #201

JACKSONVILLE FL 32224-6035

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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11 SEP 27 AM 11:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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*

\_\_\_\_\_, Florida \_\_\_\_\_

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.*

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRENDA E. BRINN	4790 SEASCAPE WAY #201 JACKSONVILLE FL 32224-6035	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DALE F. RHOADES	4790 SEASCAPE WAY #201 JACKSONVILLE FL 32224-6035	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALAN WIGGINTON	7655 MADDEN LANE FISHERS IN 46038	<input type="checkbox"/> Add <input checked="" 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 9/23/11,

  
Signature of a member or authorized representative of a member

**BRENDA E. BRINN**

Typed or printed name of signee

FILED  
11 SEP 27 AM 10 00  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA