## L10000048147

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(Address)				
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SECREJARY OF STATE TALLAHASSEE, FLORIDA

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B. BOSTICK

DEC 7 2010

**EXAMINER** 

## **COVER LETTER**

<b>* Ø</b> ivision of Corpor	rations	<i>.</i>		
SUBJECT: SPIKES	S STRIKE BACK	PROTECTION SERVICES LLC	_	
-	Name of Lim	ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are su	bmitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
		Cecil Spikes		
•		Name of Person	_	
	SPIKES STRIKE	BACK PROTECTION SERVICES LLC		
•		Firm/Company	<del></del>	
	4975	SAN JOSE BLVD UNIT101		
•		Address	<u></u>	
	JACKS	SONVILLE, FLORIDA 32207	TA'S	
•	City/State and Zip Code		ן ערר/ 100	
-	CECI	LSPIKES@YAHOO.COM (to be used for future annual report notification)	DEC - CRES	77
		• •	SSEX 6	******
For further information conc	erning this matter, please	call:		T
Cec	il Spikes	at (_904 ) 607-6648	AH II: 0	
Name of Pe	erson	Area Code & Daytime Telephone Number	ber om 2	
Enclosed is a check for the f	Ollowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 F	Filing Fee,	
	Certificate of Status		cate of Status & ied Copy	
			ional copy is enclosed)	)
MAILING	G ADDRESS:	STREET/COURIER ADDRESS:	ı	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIKES STRIKE BACK PROTECTION SERVICES 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 \_\_\_\_\_\_ and assigned L10000048147 Florida document number 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Earnest R. Donaldson	103 West 22nd Street Jacksonville, Florida 32206	Add
			Add Remove
			Add Remove
			Add Remove
	<del></del>	>	Add Remove
		ARC HARRAN	Add P
	nding any other information, enter chan Cecil Spikes should be changed fr Manager MGR ASO.	ge(s) here: (Attach additional sheets, if necessary)	MII: 02
<del></del>	Navaraka 20	040	
Dated	November 29, 2	010	
	Signature of a member	er or authorized representative of a member	
		Cecil L. Spikes	
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00