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EXAMINER



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SECRETARY OF STATE
ANASSEE 51 COM

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT:	Spin C	hallenge, LLC		
	· · · · · · · · · · · · · · · · · · ·	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	E	red A. Schwartz, Esc		
	1	Name of Person	·	
	LC			
700 South Federal Highway, Suite 200 Address				
	E	Boca Raton, FL 33432	•	
		City/State and Zip Code	-	
	E-mail address: (chwartz@kolaw.com to be used for future annual rep		
For further information	concerning this matter, please of	call:	‡ 6 €	
Fred A	۸. Schwartz, Esq.	at (_561_)	910-3070	_
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 e	\$60.00 Filing Fed Certificate of S Inclosed) Certified Copy	
~~,		(additional copy is c	(additional copy	y is enclosed)
	LING ADDRESS:		COURIER ADDRESS:	
Divisi	ration Section on of Corporations Box 6327	Registratio Division of Clifton Bui	Corporations	

2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spin Challe	enge, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed onAugust 10, 2010 and assigned
Florida document numberL10000083743	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
North American	Sales, LLC
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	700 South Federal Highway, Suite 200
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432
	NOV NOV
	SSI T
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
•	0RA 6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
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

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>	Address	Type of Action
MGRM	Malcolm Bricklin	700 South Federal Highway, Suite 200 Boca Raton, EL 33432	Add Remove
MGRM	Sania Teymeny	700 South Federal Highway, Suite 200 Boca Raton, FL 33432	☑ Add □ Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	
			-
<u></u>			- -
Dated	October 21	- 2011 Manda	
	Signature	of a member or authorized representative of a member	
		Fred A. Schwartz	
		Typed or printed name of signee	

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Filing Fee: \$25.00