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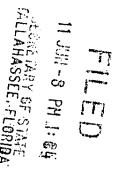
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D. BRUCE
JUN 0 9 2011
EXAMINER

COVER LETTER

Division of	Section Corporations						
SUBJECT:	Go	4Spin S	tudios	LLC			
		f Limited Lia					
Dear Sir or Madam:							
The enclosed Articles	s of Correction and fee(s) as	e submitted	for filing.				
Please return all corre	espondence concerning this	matter to the	following	g:			
	Sarah Marquez						
	Name of Person			•			
	Go4Spin Studios LL	C			Ph.		
	Firm/Company		-/	•			# 1 - 3 to
					AS	(CO	CATALOG .
	Post Office Box 303	<u> </u>		_	38		
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	Oynton Beach FL 334 City/State and Zip Code	133		-	RICA A	(D)	
	Chy/State and Esp Code				>		
	sreguez@gmail.con	1					
E-mail address:	(to be used for future annu	al report noti	fication)	_			
For further information	on concerning this matter, p	lease call:					
Ç.	roh Morausz	at (561	4603500			
	rah Marquez ne of Person	at (Area Co	de & Daytime Telephone Number	-		
STREET/COURIE! Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:	:					
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Fili Certifie	ng Fee & d Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			

CR2E062 (08/05)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

udios LLC			
y as it now appears iability Company)	on our records.)		
were filed on	6/2/2011	and assigned	
lify company horo			
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	v." the designation	"LC" or the abbreviation	
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na			
	lity company here lity company here ling Studio LLC ed Liability Compan	were filed on	

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			Add
	na		
			
			Add Remove
		,	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	THE STATE OF
	Signature of a mer	mber or authorized representative of a member	·····
		Sarah Marquez	
	Т	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00