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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	'ildtree, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
	indence concerning this matter	_	
riease return an correspo	indence concerning out matter	to the following.	
	Jennifer A. Englert		
		Name of Person	
	The Orlando Law Group, I		
			
12301 Lake Underhill Road, Suite 213			
		Address	
	Orlando, FL 32828		
		City/State and Zip Code	
	jenglert@theorlandolawgro	up.com to be used for future annual report no	
For Combon in Comment		·	ornesion)
	oncerning this matter, please c	311:	
Jennifer A. Englert		407 512-4394 at ()	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Siling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spiegel's Wildtree, LLC (Name of the Limited Liability (A Florida Li	Company 85 it now appears on our remited Liability Company)	gords.)
The Articles of Organization for this Limited Liability Con	npany were filed on February 27,	2012 and assigned
Florida document number L12000027716		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d fiability company here:	
Spiegel's Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation '	"LLC" or the abbreviationL.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES	<u></u>	<u></u>
		(N 10 - 1
		2
Enter new mailing address, if applicable:	•••	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered ogent and/or the new registered office address here: 	office address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:		
Many Davistan and Office Address		7.74
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Code
lew Registered Agent's Signature, if changing Registered A	Agent:	
New Registered Agent's Signature, if changing Registered Adent and hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered ecompany has been notified in writing of this change.	d agree to act in this copacity. uplete performance of my dutie ut as provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to nomage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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	te date must be specific and Lin this bles is done, not re	common the prior to date	of filtra or more than	v) days after filing.)	Pursuant to 605.0
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Filing Fee: \$25.00