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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL.
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
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B. BOSTICK JAN - **8** 2013

EXAMINED

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: VIA	UGIFT.COM UC Name of Limit	And Unbillion Common	
	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	,
	JAMIE	FVTSc.HEYC Name of Person	
		COM LL C	
	10 SW S	outh River DR PHI Address	-08
	MIAMI,	FL 3313D City/State and Zip Code	
		HERO and com	SECURE TALL AH
For further information	concerning this matter, please c	all:	ASS.
JAMIE T	JTSCHERL of Person	at (<u>305)</u> &07 - 6 Area Code & Daytime T	TALLAHASSEE, FLORIDA Tallahassee, Florida Selephone 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

· VINGIFI	T.COM LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on o ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	5/12 and assigned
Florida document number <u>L12000074736</u> .		•
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited	liability company here:	
SPIRITED GIFTS : LLG		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2 T
(Principal office address MUST BE A STREET ADDRES.	<u>.</u>	ASSET T
Enter new mailing address, if applicable:		LORIG STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)		Þ
· -	4	····
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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, <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 **Type of Action** Title. Name **Address** Remove Remove Remove Add Remove

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٨	AWARY 312 . 2013 .
	7
	Contact to
	Signature of a member or authorized representative of a member
	JAMIE FUTSCHER
	Typed or printed name of signee

Filing Fee: \$25.00

13 JAN -7 PM 4: 09
SEUNCHARY OF STATE
SEUNCHARY OF STATE