L13000026167

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J. SAULSBERRY EXAMINER OCT 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Spinning Wrenches Marine LLC

. Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Herbert

Name of Person

Spinning Wrenches Marine LLC

Firm/Company

5628 62nd Way North

Address

St. Petersburg, FL 33709

City/State and Zip Code

spinningwrenchesmarine@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James D. Herbert

727 365-3652

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 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

Spinning wrenches Marine LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Liability Company Florida document number L13000026167		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
N/A			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	5628 62nd Way North		
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 337	09 📆 🔀	
		<u> </u>	
Enter new mailing address, if applicable:	N/A	*	
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
		5-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new	
The state of the s	<u>r</u> .		
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 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	Timothy P. Palmer	9093 Sunrise Drive	Add
		Largo, FL 33773	Remove
MGRM	James D. Herbert	5628 62nd Way North	
		St. Petersburg, FL 33709	Remove
		-	Add
			Remove
			2015 0 Add
			Remove 0.27
			Add
			Remove
			Add
			_ Remove

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This amendment is made to remove MGRM, Timothy P. Palmer totally along with his 49%
	equity in the company and to assign James D. Herbert as MGRM with 100% equity
	in the company
Dated _	9/30/13 Lindon MGRM
	Signature of a member or authorized representative of a member
	Timothy P. Palmer, MGRM
	Typed or printed name of signee

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Filing Fee: \$25.00