

U13000042812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

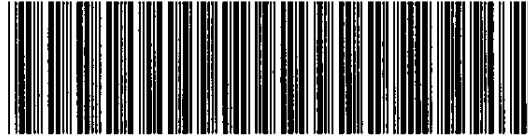
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Pages 2+3 ⁵²⁴ missing _{ed3}

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01/15/15--01006--015 **25.00

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15 JAN 15 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2015

LUCI SPIELSINGER
PO BOX 311
ELLENTON, FL 34222

SUBJECT: LUCI SPIELSINGER, LLC
Ref. Number: L13000042812

RECEIVED
15 FEB 12 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for LUCI SPIELSINGER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGES 2-3 MISSING

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 015A00001807

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCI SPIELSINGER
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:

LUCI SPIELSINGER
Name of Person
LUCISPIELSINGER LLC
Firm/Company
PO Box 311
Address
ELLENTON, FLA 34222
City/State and Zip Code
LUCISPIEL@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Luci Spielsinger at (941) 224-9190
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**

LUCI SPIELSINGER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 21, 2013 and assigned Florida document number L13000042812

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUCI SPIELSINGER PLLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am a healer

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/9/2015, _____

Luci Spielberger

Signature of a member or authorized representative of a member

LUCI SPIELBERGER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA