1/3000053281

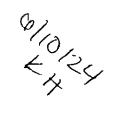
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Special Instructions to	Filing Officer:	
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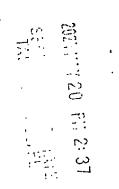
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	OPERTIES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GARRY FIGLER		
		Name of Person	
	SPEAR PROPERTIES		
		Firm/Company	
	732 LEGACY PARK DR		
		Address	
	CASSELBERRY FL 3270	7	
	GFIGLER@ADVANCED	City/State and Zip Code MILLWORK.NET to be used for future annual report not	Garian
For further information c	oncerning this matter, please c	·	meanon
SHEA FIGLER		407 448-0975 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional.copy is enclosed)
Mailing Addres		Street Address:	1. 22
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	ic officer, butter of o in the con-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SPEAR PROPERTIES, LLC	hillty Company as it now appears on our records)
(A Flor	ability Company as it now appears on our records.) orida Limited Liability Company)
ne Articles of Organization for this Limited Liability orida document number L13000053281	y Company were filed on APRIL 10,2013 and assigned and assigned
his amendment is submitted to amend the following:	Ţ.
. If amending name, enter the new name of the li	limited liability company here:
ne new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DDRESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
. If amending the registered agent and/or registe gent and/or the new registered office address here	ered office address on our records, <u>enter the name of the new regi</u> re:
	_
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida City Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SHEA FIGLER	732 LEGACY PARK DR	□Add
		CASSELBERRY, FL 32707	X Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Remove
			Change
			□ □Add S □ □Remove
			□ Remove
			□Adt
			Remove

			
			
			
			
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			 :
	be specific and cannot be prior to date of fi	(optional) iling or more than 90 days after filing.) Pursuant	ري 1 to 605.020
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n effective date is listed, the date must ote: If the date inserted in this blo	ock does not meet the applicable statut partment of State's records.	ory ming requirements, this date will not	
n effective date is listed, the date must ote: If the date inserted in this blo	ock does not meet the applicable statut partment of State's records.	ory ming requirements, this date will not	, n 19
in effective date is listed, the date must ote: If the date inserted in this blo cument's effective date on the De- ecord specifies a delayed effective	partment of State's records.	01 a.m. on the earlier of: (b) The 90th da	
an effective date is listed, the date must ote: If the date inserted in this blo scument's effective date on the Descent specifies a delayed effective is filed. MAY 9	partment of State's records.	• .	
nte: If the date inserted in this blo ocument's effective date on the De- record specifies a delayed effective is filed.	e date, but not an effective time, at 12:0	: 01 a.m. on the earlier of: (b) The 90th da	
an effective date is listed, the date must ote: If the date inserted in this blo scument's effective date on the Descent specifies a delayed effective is filed. MAY 9	epartment of State's records. e date, but not an effective time, at 12:	: 01 a.m. on the earlier of: (b) The 90th da	

Filing Fee: \$25.00