

U3000082285

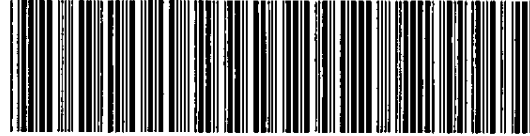
(Requestor's Name)

Jennifer Jensen
(Contact Person)

Spincrazy LLC
(Firm/Company)

9250 College Parkway #10
(Address)

Fort Myers, FL 33919
(City/State and Zip Code)



300267707243

01/05/15--01016--024 **25.00

For further information concerning this matter, please call:

Jennifer Jensen at (239) 896-5485
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Special Instructions to Filing Officer:

W15000003468
Jennifer Jensen gave permission
to add Dated Organization
was filed & delete
effective
Date:
DC
01-16-15
Office Use Only

FILED
15 JAN -5 PM 2:34
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R. Voth

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
15 JAN -5 PM 2:34

SpinCrazy, 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 06/06/13 and assigned
Florida document number L13000082285.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9250 College Pkwy
Suite #10

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33919

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:

Jennifer A. Jensen

New Registered Office Address:

9250 College Pkwy Suite 10
Enter Florida street address

Fort Myers, Florida 33919
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.

Jennifer A. Jensen
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

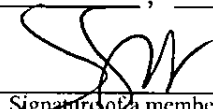
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 12.13.14 _____



Signature of a member or authorized representative of a member

Jennifer Jensen

Typed or printed name of signee