L13000118727

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



000251258240

09/16/13--01006--025 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

4

SPYN CONSTRUCTION, 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:

SEAN JAGROOP

Name of Person

Firm/Company

9378 ARLINGTON EXPRESSWAY STE 315

Address

JACKSONVILLE FL 32225

City/State and Zip Code

Spynconstructionegmail. com

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

For further information concerning this matter, please call:

SEAN JAGROOP

904₈₉₉₋₂₆₀₀

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

. SPYN CONSTRUCTION,				
(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited I Florida document number <u>L13000118727</u>	Liability Company were filed on	AUGUST 22, 2013	_ and assign	ed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability compan	y here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability C	Company," the designation "LLC	" or the abbr	eviation
Enter new principal offices address, if appli	cable:			NG
(Principal office address MUST BE A STRE	ET ADDRESS)		33	SEC
	· · · · · · · · · · · · · · · · ·		P	RE1
	<u></u>	<u> </u>	9	
Enter new mailing address, if applicable:				32 32 32
			P# 3:	====
(Mailing address MAY BE A POST OFFICE				-5 <u>#</u>
	4			
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the	name of t	<u>he new</u>
Name of New Registered Agent:				
New Registered Office Address:	9378 ARLINGTON EX	(PRESSWAY STE 315		
		Enter Florida street addres	s	-
	JACKSONVILLE	, Florida 3222	25	
	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, 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	
			Add	
			Remove	
		 	Add	
			SE SE	
			ERETA FOR OFF	
			Remove SECRETARY OF SHALE SECRETARY OF SHALE Add CHUMON 3.5	
			Add	
			Remove	
· · · · · · · · · · · · · · · · · · ·			Add	
			Remove	
			Add	
			Remove	

	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
ARTICLE V -	SEE ATTACHED
•	
	
Dated AUGUST 28	2013
	Signature of a member or authorized representative of a member
	Sean Jagran
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 SEP 16 PH 3: 3\$

ARTICLE V- SHALL BE AMENDED AS FOLLOWS:

The name and address of managing members/managers, are:

Title: MGRM JODY AMMONS 9378 ARLINGTON EXPRESSWAY STE 315 JACKSONVILLE, FLORIDA 32225

Title: MGRM SEAN D JAGROOP 9378 ARLINGTON EXPRESSWAY STE 315 JACKSONVILLE, FLORIDA 32225

13 SEP 16 PH 3: 35

SO CED IN THE STATE OF THE STAT