1400/23848

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AUG 2 0 2017

Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: _Spoke_and_Sneaker_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:



For further information concerning this matter, please call:

at (<u>321</u>) <u>591-994</u>5 Area Code Daytime Telephone Number ESHS Keberca

Enclosed is a check for the following amount:

z \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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 #		
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ARTICLES OF O		
Ol	ľ	
Spoke and Spec (Name of the Limited Liability Comparison) (A Florida Limited L		
The Articles of Organization for this Limited Liability Company	were filed on $8/7/4$	and assigned
Florida document number <u>L14000123848</u>	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	the state the test of the state	abbunition 11 C 1
The new name must be distinguishable and contain the words. Children Liagon	ay company, the designation 1.1.c. of the	and Cytation - 1, 12 C.
Enter new principal offices address, if applicable:	<u>. </u>	
(Principal office address MUST BE A STREET ADDRESS)		······································
		·
		· · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5
B. If amending the registered agent and/or registered of	fice address on our records, <u>ente</u>	
registered agent and/or the new registered office address here		61
		$\gamma_{i} = \omega_{i}$
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. Thereby 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Eric McKinley	119 Coral Way Ea	St D Add
		Apt. D	Remove
		Indiavantic, FL 329	03 □ Change
MGR	Rebecca Estes	1731 Bridgeport-Circ	Le Xrdd
		_Rockledge, FL	Remove
		32955	Change
			🗆 Add
			Remove
			Change
			Add
		C	
			□ Change
			D Add
			Remove
			Change

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		LORIDA	
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 18 . 2017.
James
Signature of a member or authorized representative of a member
JASON ESTES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00