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COVER LETTER

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TO: Registration Section Division of Corporations

SPIN OF SOUTH FLORIDA, LLC

SUBJECT:

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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:

THOMAS U. GRANER, ESQ.

Name of Person

GRANER PLATZEK & ALLISON, P.A.

Firm/Company

720 E. PALMETTO PARK ROAD

Address

BOCA RATON, FL 33432

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

.

		City/State and Zip Code	
	TOM@GRANERLAW.CO	M	·····
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	E E
IVY COLON		561 750-2445	
Name o Enclosed is a check for th	f Person ne following amount:	Area Code Daytin	me Telephone Number
\$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)
	ING ADDRESS: ration Section	STREET/COUF Registration Sect	RIER ADDRESS:

Division of Corporations Clifton Building. 2661 Executive Center Circle Tallahassee, FL 32301 π.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIN OF SOUTH FLORIDA, LL	Ç		
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number <u>L14000143273</u>	iability Company	were filed on $\frac{9/12/2014}{2}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company " the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		101 SE 2ND AVENUE	
		DELRAY BEACH, FL 3344	
Enter new mailing address, if applicable:		101 SE 2ND AVENUE	TSE DO IL
(Mailing address MAY BE A POST OFFICE BOX)		DELRAY BEACH, FL 3344	
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the new
Name of New Registered Agent:	SUSAN ALBI	NDER	5 m o
New Registered Office Address:	101 SE 2ND A	VENUE Enter Florida street addr	<i>P</i> 855
	DELRAY BEA		Florida <u>33444</u>
		City	Zin 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 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

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<u>Title</u>	Name	Address	Type of Action
MGR	JONATHAN LARKIN	141 NW 20TH STREET	🖸 Add
		BOCA RATON, FL 33431	Remove
			Change
			🗖 Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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			Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	The PR
ffective date, if other than the date of filing:	(optional) 💍 🗧 🐖

(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		12/28,	2015	
		A.	Alph.	
	·····	Signature of a n	nember or authorized representative of a member	-
	ć			
	SUSAN ALBINDER	5		_
			Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00