

14000146230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

T WASHINGTON

DEC 14 2016

The enclosed amendment form is for the purpose of:

1. Change of Registered Office Address
2. Adding an authorized member

We found the form to be a little confusing, if not correct, we can be contacted at
(Clifford or Peggy)
spoonermon@gmail.com or Peggy West 305-240-7898

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RECORDING & CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spooner Mon 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:

Clifford Richardson or Peggy West

Name of Person

Spooner Mon LLC

Firm/Company

123 Ocean View Drive

Address

Tavernier FL

City/State and Zip Code

spoonermon@gmail.com

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

For further information concerning this matter, please call:

Clifford Richardson

505

927-0113

Name of Person

at (_____) _____

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**

Spooner Mon 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 09/18/2014 and assigned
Florida document number L14000146230.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

123 Ocean View Drive

Tavernier FL 33070

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 39

Tavernier FL 33070

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TALLAHASSEE, FLORIDA

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:

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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Clifford S Richardson	123 Ocean View Dr	<input type="checkbox"/> Add
		Tavernier FL 33070	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Peggy A West	PO Box 39	<input checked="" type="checkbox"/> Add
		Tavernier FL 33070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

16 DEC - 9 AM 10:10
SHERIFF OF STATE
TALLAHASSEE, FLORIDA

FILED
16 DEC -9 AM 10:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

Note: 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.

Dated DECEMBER 6, 2016

Signature of a member or authorized representative of a member

Clifford S Richardson

Typed or printed name of signee