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# **COVER LETTER**

TO: Registration Sec Division of Corp					
Spices-F	lorida, LLC		in the second second		
SUBJECT:	Name of Limi	ted Liability Company	· • . —		
•	*	, ,	9		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Daniel K. Weidenbru	uch, Esq.			
		Name of Person			
	Roetzel & Andress,	LPA			
		Firm/Company	·	•	
	850 Park Shore Driv	e, Trianon Centre, 3rd Fl.			
		Address		•	
	Naples, Florida 3410	03			
		City/State and Zip Code			
	dweidenbruch@ralav			黑黑	
	E-mail address: (	to be used for future annual report notific	cation)		CENT SO
For further information c	oncerning this matter, please ca	all:		2914 OCT 24 SEGRETARY SELLARASSE	
Daniel K. Weidenb	ruch, Esq.	239 649-6200		T P	
Name o	f Person	Area Code Daytime	Telephone Number	3: 00 STATE LORISA	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

ompany as it now appears on o nited Liability Company)	ur records.)	
pany were filed on Octobe	er 21, 2014	_ and assigned
liability company here:		
Liability Company," the design	ation "LLC" or the abb	reviation "L.L.C."
<u>s)</u>		
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Enter Florida str	eet address	·
	<b>.</b>	
City	, Florida	Zip Code
	liability Company here: Liability Company," the design  S)  Enter Florida str	Deany were filed on October 21, 2014  Liability Company here:  Liability Company," the designation "LLC" or the abb  S)  Company here:  Compa

## 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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SECRETARY OF STATE