

L150000 17701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 18 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 10343 ECH 30A, 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:

Penina K. Wender

Name of Person

Farris Bobango Branan PLC

Firm/Company

999 S. Shady Grove Road, Suite 500

Address

Memphis, TN 38120

City/State and Zip Code

rick@spellrestaurantgroup.com

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

For further information concerning this matter, please call:

Richard A. Spell

901

818-7654

at (

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

Cli

Div

2661

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Fulton Building
Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

10343 ECH 30A, 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 January 29, 2015 and assigned
Florida document number L15000017701.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
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:

Christy M. Spell

New Registered Office Address:

44 Seven Wells Ct.

Enter Florida street address

Alys Beach

Florida 32461

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>
AMBR	Richard A. Spell	10343 E. County Highway 30A	<input type="checkbox"/> Add
		Seacrest Beach, FL 32413	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Christy M. Spell	10343 E. County Highway 30A	<input type="checkbox"/> Add
		Seacrest Beach, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sandra D. Spell	10343 E. County Highway 30A	<input checked="" type="checkbox"/> Add
		Seacrest Beach, FL 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

John A. Bobango, Authorized Representative
Typed or printed name of signee

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CLERK OF COURT
TALLAHASSEE, FLORIDA