

6150 060 32903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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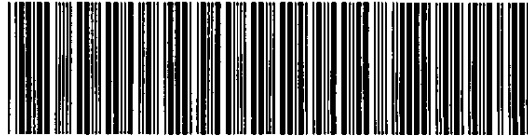
(Business Entity Name)

(Document Number)

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15 DEC 11 PM 7:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 13 2015

J SHIVER

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2015

CHRIS SPOONER  
1505 ALLEGHENY DR  
SUN CITY CENTER, FL 33573

SUBJECT: CHRISTINE L SPOONER LLC  
Ref. Number: L15000032903

We have received your document for CHRISTINE L SPOONER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 315A00023090

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHRISTINE L SPOONER LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRIS SPOONER

Name of Person

CHRISTINE L SPOONER LLC

Firm/Company

1505 ALLEGHENY DR

Address

SUN CITY CENTER, FL 33573

City/State and Zip Code

C. SPOONER@AOL

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

For further information concerning this matter, please call:

Chris Spooner

Name of Person

at (813) 363-3031

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

CHRISTINE L SPOONER 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 2/23/15 and assigned Florida document number L15000032903.

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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

City

Florida

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

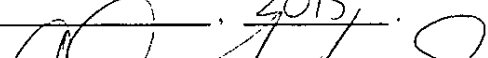
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMES E SPOONER	1843 QUIET BROOK CT	<input type="checkbox"/> Add
		MANTECA, CA 95337	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 DEC 11 PM 7:28  
SECRETARY OF STATE  
TAMAMASSIT, LONDA

15 DEC 11 PM 7:28  
SECRETARY OF STATE  
TAE AASSSE, UGHIDA

**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 12/9, 2015.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee