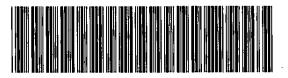
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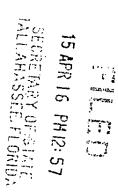
| (F                     | Requestor's Name)       |        |
|------------------------|-------------------------|--------|
| A)                     | Address)                |        |
| <u> </u>               | Address)                |        |
| (0                     | City/State/Zip/Phone #) |        |
| PICK-UP                | ☐ WAIT                  | MAIL   |
| (E                     | Business Entity Name)   |        |
| (0                     | Oocument Number)        |        |
| Certified Copies       | Certificates of         | Status |
| Special Instructions t | o Filing Officer:       |        |
|                        |                         | :      |
|                        |                         |        |
|                        |                         |        |

Office Use Only



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### **COVER LETTER**

| Div            | ision of Corpo    | rations                                      |   |  |
|----------------|-------------------|--|---|--|
| SUBJECT:       | 3 WAY SP          | EAR LLC                                      |   |  |
|                |                   | Name of Limite                               | ed Liability Company  |  |
| The enclosed   | l Articles of An  | nendment and fee(s) are subm                 | itted for filing.   |  |
| Please return  | all corresponde   | ence concerning this matter to               | the following:  |  |
|                |                   | SUSAN M CORBIN                               |   |  |
|                |                   |  | Name of Person  | ··· ··· ··· ··· ··· ··· ··· ··· ··· ··   |
|                |                   | SUE CORBIN PA                                |   |  |
|                |                   |  | Firm/Company  |  |
|                |                   | 5409 OVERSEAS HIG                            | GHWAY #223  |  |
|                |                   |  | Address   |  |
|                |                   | MARATHON FL 330                              | 50  |  |
|                |                   |  | City/State and Zip Code   | -  |
|                |                   | SUECORBINPA@YAH                              |   | ·  |
|                |                   | ·  | be used for future annual report notific                            | cation)  |
| For further in | nformation con    | cerning this matter, please call             | <b>l</b> :  |  |
|                | Name of Pe        | erson  | at ()<br>Area Code Daytime  | Telephone Number   |
|                |                   |  |   |  |
| Enclosed is a  | a check for the f | following amount:                            |   |  |
| ■ \$25.00 F    | 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) |

TO:

**Registration Section** 

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

# 3 WAY SPEAR LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| (A)  | Torida Elinited Elability Company)                             |                          |
|--|--|--------------------------|
| The Articles of Organization for this Limited Liabil Florida document number <u>L15000055976</u> | ity Company were filed on 3/30/15                              | and assigned             |
| This amendment is submitted to amend the following   | ng:  |                          |
| A. If amending name, enter the new name of the   | e limited liability company here:                              |                          |
| The new name must be distinguishable and end with the word                                       | ls "Limited Liability Company," the designation "LLC" or t     | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable   | ::   |                          |
| (Principal office address MUST BE A STREET A   | DDRESS)  |                          |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.              | <u> </u>   |                          |
|  |  |                          |
| B. If amending the registered agent and/or registered agent and/or the new registered office     | registered office address on our records, ent<br>address here: | er the name of the ne    |
| Name of New Registered Agent:  |  |                          |
| New Registered Office Address:   |  | 5                        |
|  | Enter Florida street address                                   | <b>3</b> 0 7             |
| -  | , Florida  | Zip Code                 |
|  | City   |                          |

#### 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                           | Address           | Type of Action     |
|--------------|---------------------------------------|-------------------|--------------------|
| AMBR         | JONATHAN SCHRIER                      | P.O. BOX 500988   | ■ Add              |
|              |                                       | MARATHON FL 33050 | □ Remove           |
|              |                                       |                   |                    |
|              | · · · · · · · · · · · · · · · · · · · | -                 | Li Add             |
|              |                                       |                   | Remove             |
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|              |                                       |                   | SEE FLORING Romove |
|              |                                       |                   | Kemove             |
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|              |                                       |                   | Remove             |

| . Il amei                           | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| . Effective (The effective the date | ve date, if other than the date of filing:   |
| Dated                               |  |
| Duild_                              | · · · · · · · · · · · · · · · · · · ·  |
|                                     | Ren Com  |
|                                     | Signature of a member or authorized representative of a member                               |
|                                     | SUSAN M CORBIN   |
|                                     | Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00

15 APR 16 PM 12: 57
SECRETARY OF STATE
TALL AHASSEF FLASHIN