## L15000109612

(Requestor's Name)
(Address)
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(1811-181)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:	Registration Se Division of Con			
SUBJE	SpoffordCo	ondo LLC		
SUDJE	CI:	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Lowell B. Heinke		
			Name of Person	
			Firm/Company	
		1008 Lake Ridge Dr		
			Address	
		Safety Harbor, Fl 34695		
			City/State and Zip Code	<del></del>
		lbheinke@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furt	her information o	oncerning this matter, please c	all:	
Lowell	B. Heinke		727 712-8765	
	Name o	f Person		e Telephone Number
Enclose	d is a check for the	ne 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

SpoffordCondo LLC		
(Name of the Lim	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	(\$.)
The Articles of Organization for this Limited I	Liability Company were filed on June 24, 2015	and assigned
Florida document number L15000109612	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	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 appli	cable:	SEI 18
(Principal office address MUST BE A STRE	ET ADDRESS)	MAR H
		ASS ASS
Enter new mailing address, if applicable:		<b></b>
(Mailing address MAY BE A POST OFFICE	3 RE	
		·>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our records ffice address here:	s, enter the name of the new
Name of New Registered Agent:	Lowell B. Heinke	
New Registered Office Address:		
	Enter Florida street addres:	s
		orida
	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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lowell Heinke	1008 Lake Ridge Dr, Safety Harbor	Add
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			Change
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			☐ Remove
			Change
			☐ Remove
			☐ Change
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Effectiv	ve date, if other th	an the date of fi	iling:		(a)	ptional)	
f an effe	ective date is listed, the	date must be specific	and cannot be pr	ior to date of filing of	or more than 90 days a	fter filing.) Pursuant to 6	05.0207
docume	ent's effective date or	n the Department	of State's recor	ncable statutory r ds.	lling requirements,	this date will not be li	sted as
ne reco	ord specifies a de 90th day after th	elayed effectiv ne record is file	e date, but i ed.	not an effectiv	e time, at 12:0	1 a.m. on the ear	lier of
Dated	Marc	h 16	2011	3			
	Marc	21		·			
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Typed or printed name of signee

Filing Fee: \$25.00