

L16000034779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 18 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPITTFIYA PRODUCTIONS "LIMITED LIABILITY COMPANY"
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:

TERESE HILL
Name of Person

SPITTFIYA PRODUCTIONS "LIMITED LIABILITY COMPANY"
Firm/Company

4907 SPRINGFIELD STREET
Address

LAKE WORTH FLORIDA 33463
City/State and Zip Code

SPITTFIYA CHUNK @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESE HILL at (754) 214-6571
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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

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

SPITTEIVA PRODUCTIONS "LIMITED LIABILITY COMPANY"

(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 February 18 2016 and assigned Florida document number L16000034779.

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)

4907 SPRINGFIELD STREET
LAKE WORTH, FL 33463

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4907 SPRINGFIELD STREET
LAKE WORTH FL 33463

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:

TERESE HILL

New Registered Office Address:

4907 SPRINGFIELD STREET

Enter Florida street address

LAKE WORTH

City

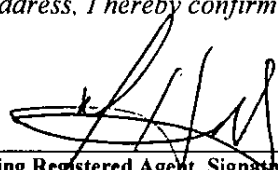
Florida

Zip Code

33463

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> |
|--------------|-----------------------|---------------------------------|--|
| | OWNER | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>TERESE HILL</u> | <u>4907 SPRINGFIELD ST</u> | <input checked="" type="checkbox"/> Add |
| | | <u>LAKE WORTH FL 33463</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>TAMMIE MADISON</u> | <u>1601 BALFOUR POINT DRIVE</u> | <input type="checkbox"/> Add |
| | | <u>APT B.</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>WEST PALM BEACH FL 33411</u> | <input type="checkbox"/> Change |
| <u>OWNER</u> | <u>TERESE HILL</u> | <u>4907 SPRINGFIELD STREET</u> | <input checked="" type="checkbox"/> Add |
| | | <u>LAKE WORTH FL 33463</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

2008 MAY 17 PM 1:20
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2018 MAY 17 P 1 27
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2016 MAY 17 P 11 27
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TALLAHASSEE, FLORIDA

(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) **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 04-29-2016

Signature of a member or authorized representative of a member

TERESE HILL
Typed or printed name of signee