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J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: WSpoon Enterprises 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:
Dedric Witherspoon Name of Person
WSpan Enterprises
2921 South Grant Street
Melhourne, Fl 32901 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dedric Witherspoon at (32) 557-4572 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



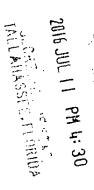
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2016

DEDRIC WITHERSPOON 2921 S GRANT ST MELBOURNE, FL 32901

SUBJECT: W'SPOON ENTERPRISE, LLC

Ref. Number: L16000060448



We have received your document for W'SPOON ENTERPRISE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 and 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00008555

SECALIANY OF STATE



April 26, 2016

DEDRIC WITHERSPOON 2921 S GRANT ST MELBOURNE, FL 32901

SUBJECT: W'SPOON ENTERPRISE, LLC

Ref. Number: L16000060448

We have received your document for W'SPOON ENTERPRISE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document is incomplete. Part 5(b) has not been completed.

The registered agent must sign accepting the designation.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00008555

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W Spoon Enterprise (Name of the Limited Diability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	•	lo and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Spoon Enterprises L.L. The new name must be distinguishable and contain the words "Limited Liabil	<u> </u>	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2921 South Grant Melbourne, Fl 3	- Street 32901
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2921 South Grant Melbourne, Fl 329	Street
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> e:	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	TACE TO
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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 antending or removed f	Authorized Person(s) authorized to main our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dedric Witherspoop	2921 South Grant Street	⊠ Add
		Melbourne, Fl 32901	Remove
			Change
			□ Add
			□ Remove
			Change
		·	□ Add
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Change

Effective date, if other than the date of filing: \(\sum \) \(\s	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	: 12:01 a.m. on the earlier
Dated <u>July</u> 7, 2016.	~~·.
, Laster , L	AEC 5
Deduc Witherspoon	pher 25
Signature of a member or authorized representative of a mer	155 = 15
Dedric Witherspoon Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00