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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Help

# Articles of Amendment

<sup>\*</sup>Sep 09 2016 9:05AM

NICK SPRADLIN TO

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### ARTICLES OF ORGANIZATION **OF**

WinterWood Soap Works, LLC		
(Name of the Lim	nited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on 0	18/29/2016 and assigned
Florida document number L16000162231	<u></u> •	
This amendment is submitted to amend the fol	llowing:	· :
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> :
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	icable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable		
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and egistered agent and/or the new registered (		on our records, enter the name of the
*		
Name of New Registered Agent:	THE LAW OFFICES OF NICK	SPRADLIN, PLLC
Name of New Registered Agent:  New Registered Office Address:	2202 N. WEST SHORE BLVD.	#200
	2202 N. WEST SHORE BLVD.	#200 orida street address
	2202 N. WEST SHORE BLVD.	#200

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.

Registered Agent, Signature of New Registered Agent

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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 **Title** Name Address Type of Action □ Add □ Remove ☐ Change □ ∧dd ☐ Remove □ Change : □ Add □ Remove . ☐ Change DbA 🗆 □ Remove ☐ Change □ Add □ Remove □ Change

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if the date inserted in this block	ate of filing:  ne specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing recoartment of State's records.	hun 90 days after filing.) Pursuant to 605.0 quirements, this date will not be listed
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