

L16000221483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

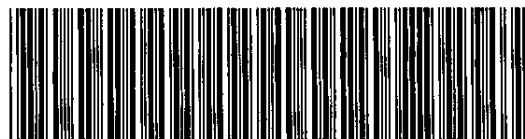
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JAN 27 2017

*Tuesday, January 24, 2017*

Florida Department of State  
Division of Corporations  
% Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

Kindly be advised that this is my "cover letter" to advise your good company that I, Judith Veronica Small, do not own a cell phone.

My home phone number is: (321) 956-8515.

My home address is: 1161 Indian Oaks Drive  
(Pine Creek over 55 community)  
Melbourne, Florida 32901-8169

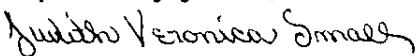
The building this correspondence refers to is owned by me, a senior citizen, and I rent its space to Good Will Industries of Florida.

I have one son: Ricky A. Spyrison

My former Attorney, Mr. Blake Stewart, ... I have recently fired.

If your office requires any further information from me, please contact me, or my son, Ricky. His phone numbers are: (321) 728-9759 (home)  
(321) 537-9392 (cell phone)

Respectfully yours,

  
Judith Veronica Small

Enclosures: Cover letter plus Check No. 3662 plus 6 pages

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 4250 Minton Road, Inc., LLC**  
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:

**Judith Veronica Small**

Name of Person

Firm/Company

**1161 Indian Oaks Drive**

Address

**Melbourne, Florida 32901-8169**

City/State and Zip Code

**asmall29@cfl.rr.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Judith Veronica Small**

at ( **321** )

**956-8515**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**4250 Minton Road, Inc.**

\_\_\_\_\_  
(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 November 14, 2016 and assigned

Florida document number	<b>Entity #:</b> L16000221483	<b>Incorporation Date:</b> 01/01/2017	<b>Key Code:</b> FL44001
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This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**4250 Minton Road, Inc., LLC**

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**Attention: Ricky A. Spyrison**

**230 Narragansett Steet, N.E.**

**Palm Bay, Florida 32907**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent: **Ricky A. Spyrison**

New Registered Office Address: **230 Narragansett Street, North East**

Enter Florida street address


**Palm Bay, Florida 32907**

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 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>
	Blake Stewart, Esq. % Stewart Law	2226 Samo Road Melbourne, Florida 32935	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Ricky A. Spyrison	230 Narragansett Street, N.E. Palm Bay, Florida 32907	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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JAN 26 P 3:45  
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TALLAHASSEE, FLORIDA

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**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 January 23, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA