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| PICK-UP                 | ☐ WAIT              | MAIL              |
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| Certified Copies        | Certificates        | of Status         |
| Special Instructions to | Filing Officer:     |                   |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Spin and Spanentreporcurservice L.L.   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Kayla Bessent Name of Person  |
| Spin and Spanente penauservice L.L.C  |
| Me 26 talbrassee ave  |
| JUCKSONIL F 32208  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person at (QOL) 662—1248  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$certified Copy (additional copy is enclosed)}\$\$\$ 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

Name of the Limited Liability Corporaty as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Child (A Florida document number 1990)

This amendment is submitted to amend the following:

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

Children new hame must be distinguishable and coltain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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)

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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

f 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> **Type of Action** \_□ Add ☐ Remove ☐ Change \_□ Add \_\_ Remove \_□ Chánge □ Add== □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change \_□ Add □ Remove

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| an effective date<br>ote: If the date | if other than the is listed, the date mu inserted in this betive date on the E | st be specific a<br>lock does no      | and cannot be to the ap | plicable stat | utory filing r | than 90 days equirements | this date v | Pursuant to 605<br>vill not be liste     | i.020<br>ed a |
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Filing Fee: \$25.00