# 117000244594

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN

Account Number : 120070000000 Phone : (813)435-3176

Fax Number : (713)429-1276

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MARIANELLA SPRADLIN, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIANELLA SPRADLIN, LLC	
(Name of the Limited Lability Co (A Florida Lim	nmnany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/29/2017 and assigned
Florida document number L17000244596	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Jiability company here:
The new name must be distinguishable and contain the words "Limited I	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	<u>(S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	္ဆုံး- ထ
	52
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the shere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Name Danisa and America Cimpana (Fabrumin - Panisa and America	City Zıp 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 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 603, 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:

· i-.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	NICKOLAS J. SPRADLIN	18801 N. DALE MABRY HWY	D Add
		#119	[] Remove
		LUTZ, FL 33548	☐ Change
			Add
			□ Remove
		, 	☐ Change
			□ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Change

If amending any other info	rmation, enter change(s) here: (Attach additional sheet	s, if necessary.)
		7
		DEC.
		<u> </u>
<del></del>		
Note: It the date inserted t	date must be specific and cannot be prior to date of filing or more than in this block does not meet the applicable statutory filing required the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
the record specifies a c b) The 90th day after t	delayed effective date, but not an effective time, a the record is filed.	at 12:01 a.m. on the earlier of
Dated 12/04	2017	
-05	Signature of a member or authorized representative of a me	ember
NICKOLAS J.		
	Typed or printed name of signee	

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Filing Fee: \$25,00