

L'18000155818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

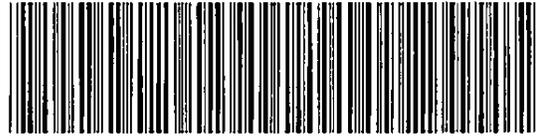
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



200434194962

LLC NIC & Amend

200434194962
2024 AUG 08 10:01 AM 44941.25

2024 AUG -8 AM 8:59
STATE
SECRET

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2024 AUG -8 PM 3:37
RECEIVED
SECRET

A. RAMSEY

AUG 9 2024

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 8/8

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING LLC AMEND

1. EXIT CONSULTING LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #) *File 2nd*

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Exit Consulting 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:

Hulsey Ebanks

Name of Person

Exit Consulting LLC

Firm/Company

412 E Madison ST STE 1120

Address

Tampa, FL 33602

City/State and Zip Code

joe@maverickcapgrp.com

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

For further information concerning this matter, please call:

Hulsey Ebanks

at (813) 3635163

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION **FILED**
OF

Exit Consulting LLC

2024 AUG -8 AM 8: 59

(Name of the Limited Liability Company as it now appears on our records.) OF STATE
(A Florida Limited Liability Company) FL

The Articles of Organization for this Limited Liability Company were filed on
06/26/2018 and assigned Florida document number
L18000155818

This amendment is submitted to amend the following:

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

Spins Consulting 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)

401 east jackson st suite 2340 tampa fl 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 east jackson st suite 2340 tampa fl 33602

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:

Reighard Law & Title, PLLC

New Registered Office Address:

2451 N. McMullen Booth Road, Suite 245

Enter Florida street address

Clearwater

City

Florida

33759

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 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.

Signed by:

Kristine M. Reighard

DB978234BF8A469

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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

