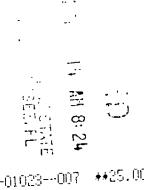
(Requestor's Name)
(Address)
(Adaress)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	(December 1)
(Document Number)
Certified Copies	Certificates of Status
· · · · · · · · · · · · · · · · · · ·	····
Special Instructions	to Filing Officer

Office Use Only



300366270393



05/14/21--01023--007 **25.00

2021 MAY I 4 PM 2: 25

1304 1 1 Yest

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

pin City LLC			
	-		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
		Ì	Merger File
			Att. of Amend. File
			RA Resignation
		ľ	Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Cinnatura			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
15.8	D	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: Registration Se Division of Cor				
Spin City L	LC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	David Svec			
		Name of Person		
	Main Street Holdings LLC			
	······································	Firm/Company		
	3941 Tamiami TRL Unit 3	157 #76		
Address				
	Punta Gorda, FL 33950			
		City/State and Zip Code		
	dave@mainstreetholdings.n	et to be used for future annual report notifi	(cution)	
For further information of	oncerning this matter, please c		············	
David Svec		323 363-6455		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction	
	Corporations	Division of Con		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spin City LLC.		The state of the s		_
(Name of the Limit	ed Liability Company as it now app (A Florida Limited Liability Compan	y)		
he Articles of Organization for this Limited Li lorida document number L20000082083	ability Company were filed on	03/13/20	and	assigned
nis amendment is submitted to amend the follo	owina.			
. If amending name, enter the new name o		e here		
. If amending hame, enter the new hame o	t the mined majney compan	<u>FIRE C.</u>		
he new name must be distinguishable and contain the v	vords "Limited Liability Company."	he designation "LLC" or	the abbreviation	n "L.L.C."
nter new principal offices address, if applic	rable:			
Principal office address MUST BE A STREE				
nter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE</u>	BON)		- · · · · · · · · · · · · · · · · · · ·	<u> </u>
			· .	1
. If amending the registered agent and/or	registered affice address on a	nr records, enter the	name of the	: new regist
gent and/or the new registered office addre	Ç.	ar records, <u>enter the</u>	Kame of the	(cg/s.
			-	
Name of New Registered Agent:	Registered Agents, Inc.		<u>:</u>	
New Registered Office Address:	7901 4th St N STE 300		:"() - ₇₁ ; i	•
	Ente	r Florida street address	K	
	St. Petersburg	, Floric	da <u>33702</u>	
	City		Zip (Inde

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.

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>	Name	Address	Type of Action
MGR	Salerno, Michael G	11634 US HWY 19	□Add
		PORT RICHEY, FL 34668	Remove
			■ Change
MGR	Lazy River Recreation Center LLC	1309 Coffeen Ave	■ Add
		Suite 3176	□ □Remove
		Sheridan, WY 82801	Change
			□Remove
			□ Change
			TAdd
			□Remove
			□ Add
			□Remove
			□ Change
			
			Remove
		_	

Page 2 of 3

				
			•	

Effective date, if other than the	date of filing:		(optio	nal)
If an effective date, it other than the lift an effective date is listed, the date inus. Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot block does not meet the	applicable statutory	or more than 90 days after filing requirements, this	iling.) Pursuant to 605.02 date will not be listed :
he record specifies a delaye The 90th day after the rec		out not an effecti	ve time, at 12:01 a	.m. on the earlier
Dated May 14	2021			
) am	14.5	or authorized represen		
	Commonwell Commonwell			

Page 3 of 3

Filing Fee: \$25.00