# 110000083433

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	dusiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of \$	Status
Special Instructions to	o Filing Officer:	
		<u>.                               </u>

Office Use Only



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DIVISION OF CURE CUTAINE

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# **COVER LETTER**

	istration Sect ision of Corpo		,	•
		RT & EXPORT LLC		
SORIECT:	· ·		ited Liability Company	
The enclosed	l Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Piease return	all correspond	ence concerning this matter	to the following:	
		NATALIA MEDEIROS		
			Name of Person	<del></del>
		CSG-CAPITAL SERVICE	S GROUP, INC	
			Firm/Company	
		446 W HILLSBORO BLV	D	
			Address	
		DEERFIELD BEACH, FL	33441	
			City/State and Zip Code	
		NATALIA@THEWAYGRO		<del></del>
			o be used for future annual report no	tification)
For further in	formation con	cerning this matter, please ca	ilt:	
NATALIA N	MEDEIROS		954 427-4770	
	Name of P	erson	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	following amount:		
<b>■</b> \$25.00 F	iling 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPOT IMPORT & EXPORT LLC (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 \_\_\_\_\_\_ and assigned Florida document number \_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VERA CRUZ LLC The new name must be distinguishable and contain 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 Office Address: Enter Florida street address \_, Florida \_

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			□ Remove
			Change
			- Richard T
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			Add S
			Remove.
			☐ Change
<del></del>			
			☐ Remove
		<del></del>	☐ Change
			□ Add
			□ Remove
		<del></del>	Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(lf an eff <u>Note:</u>	ive date, if other than the date of filing:	0207 (3 )(b)
f the rec (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	- And -	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00