

U12 0000 27045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

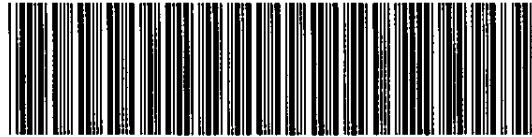
(Business Entity Name)

(Document Number)

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NOV - 5 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV - 2 AM 10:59

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AR & SP, 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:

Alberto Rodriguez

Name of Person

AR & SP LLC

Firm/Company

193 SW 102 CT

Address

Miami, FL 33174

City/State and Zip Code

ar0592@aol.com

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

For further information concerning this matter, please call:

Alberto Rodriguez

Name of Person

at (^{305 804-9635}) **305804-9635**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2012 NOV -2 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AR & SP, 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 02/24/2012 and assigned
Florida document number L12000027045.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

193 SW 102 CT

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33174

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

City

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|-----------------|---|
| MGRM | ALBERTO RODRIGUEZ JR | 193 SW 102 CT | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33174 | <input type="checkbox"/> Remove |
| MGRM | SANDRA M PLACERES | 3130 SW 133 CT | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33175 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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SECRETARY OF STATE
TELEPHONE 331-1111
2000

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

10/31, 2012.



Signature of a member or authorized representative of a member

Alberto Rodriguez

Typed or printed name of signer

Page 3 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA