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(Re	questor's Name)	
(Add	dress)	
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SECRETARY OF STAFE
TALL ANASSES, FLORIDA

B. BOSTICK
AUG 2 2 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Special Spaces USA, 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:

Martha Nino

Name of Person

c/o Luisa F. Rengifo, PA

Firm/Company

2800 Weston Rd. #103

Address

Weston, FL 33331

City/State and Zip Code

Luisar@luisalaw.com

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

For further information concerning this matter, please call:

Luisa Rengifo

_{.,,}954、372-4585

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Special Spaces USA, LLC (Name of the Limited)	1 Liability Company as it no A Florida Limited Liability Co	w appears on our record	<u>s.</u>)	
The Articles of Organization for this Limited L Florida document number L11000007904	d on 01/16/2011	and assi	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability com	pany here:		
The new name must be distinguishable and end wi	ith the words "Limited Liabili	ty Company," the designat	tion "LLC" or the al	obreviation
Enter new principal offices address, if applic	cable:		2013 / SEU TALL	
(Principal office address MUST BE A STREET ADDRESS)			URE AR	
			21 PM	
Enter new mailing address, if applicable:			<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o		ess on our records, <u>e</u>	nter the name of	the new
Name of New Registered Agent:	Luisa F. Rengifo, P	'A		
New Registered Office Address:	2800 Weston Rd.,	#103		
-		Enter Florida stre	et address	<u>-</u> · · · - · · ·
	Weston	Flori	_{1a} 33331	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGRM	Maria Camila Gonzalez	4213 Vineyard Circle	Add
		Weston, FL 33332	Remove
MGRM	Juan Felipe Gonzalez	4213 Vineyard Circle	
		Weston, FL 33332	Remove
			Add
		AHAS	Remove AUG 2
	<u></u>	SEE, FLORID	रि - । रिका ८
		<u> </u>	Remove
			Add
			Remove
			Add
			Remove

•	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· .	
Dated July	17 , 2013
	wortholecion
	Signature of a member or authorized representative of a member
	Haitha Lucia Nião
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2013

MARTHA NINO LUISA F. RENGIFO, PA 2800 WESTON ROAD #103 WESTON, FL 33331

SUBJECT: SPECIAL SPACES USA, LLC

Ref. Number: L11000007904

LLC and your

Letter Number: 713A00018467

We have received your document for SPECIAL SPACES USA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

www.sunbiz.org