

**L2000292891**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPIN TECH LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

MAY 11 2021

M. S. OLIVER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SPIN TECH 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 09/24/2020 and assigned Florida document number L20000292891.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                   |
|--------------|-------------|-------------------------|---|
| AMBR         | Goicorp LLC | 2332 Galiano St. 2nd FL | <input checked="" type="checkbox"/> Add |
|              |             | Coral Gables, FL 33134  | <input type="checkbox"/> Remove         |

|      |               |                        |   |
|------|---------------|------------------------|---|
| AMBR | NEILCORRADINE | 1600 PONCE DE LEON     | <input checked="" type="checkbox"/> Add |
|      |               | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove         |

|      |             |                        |   |
|------|-------------|------------------------|---|
| AMBR | CALEB AVILA | 1600 PONCE DE LEON     | <input checked="" type="checkbox"/> Add |
|      |             | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove         |

|      |                   |                        |   |
|------|-------------------|------------------------|---|
| AMBR | FABIOLA RODRIGUEZ | 1600 PONCE DE LEON     | <input checked="" type="checkbox"/> Add |
|      |                   | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove         |

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Add    |
|  |  |  | <input type="checkbox"/> Remove |
|  |  |  | <input type="checkbox"/> Add    |
|  |  |  | <input type="checkbox"/> Remove |

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 6 2021

*Enrique Goicoechea*

Signature of a member or authorized representative of a member

ENRIQUE GOICOCHEA

Typed or printed name of signee

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SECRETARY OF STATE  
1071 W. WASHINGTON AVENUE  
TALLAHASSEE, FLORIDA

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