

L05000099930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

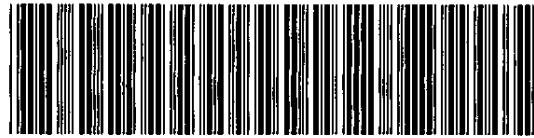
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 26 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPAZIO 2020 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:

ELOY GONZALEZ

(Name of Person)

SPAZIO 2020 LLC

(Firm/Company)

4013 W. LINEBAUGH AVE SUITE 108

(Address)

TAMPA, FLORIDA 33624

(City/State and Zip Code)

For further information concerning this matter, please call:

ELOY GONZALEZ

(Name of Person)

at (813) 416-9542

(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

FILED
07 OCT 26 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPAZIO 2020 LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/11/2005 and assigned
document number L05000099930.

SECOND: This amendment is submitted to amend the following:

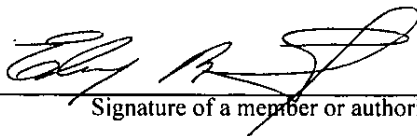
The Principal and Mailing address has been changed to

4013 W. Linebaugh Av. Suite 108, Tampa, Fl., 33624.

The Manager/Member Detail Add: Title VP Name: Francisco Padron

Address: 4013 W. Linebaugh Av. Suite 104, Tampa, Fl., 33624.

Dated October 23, 2007.



Signature of a member or authorized representative of a member

ELOY GONZALEZ

Typed or printed name of signee

Filing Fee: \$25.00