

**L0500011207**

**SPG Consultants**  
7855 NW 12th Street Suite 107  
Doral, FL 33126



**600192270026**

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**FILED**  
2011 FEB 11 PM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
FEB 14 2011  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2011

SPG CONSULTANTS  
7855 NW 12TH STREET  
SUITE 107  
DORAL, FL 33126

SUBJECT: SPG CONSULTANTS & INTERMEDIARIES, LLC  
Ref. Number: L05000111207

We have received your document for SPG CONSULTANTS & INTERMEDIARIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 411A00002706

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2011 FEB 14 PM 3:47

SPG Consultants & Intermediaries, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 16, 2005 and assigned Florida document number L05000111207.

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:

9737 NW 41st Street #480

**(Principal office address MUST BE A STREET ADDRESS)**

Doral, Florida 33178

Enter new mailing address, if applicable:

9737 NW 41st Street #480

**(Mailing address MAY BE A POST OFFICE BOX)**

Doral, Florida 33178

**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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated January 26, 2011

  
Signature of a member or authorized representative of a member

Lincoln I. Smith

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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