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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

NOV - 4 2010

EXAMINER

COVER LETTER

TO:

TO:	Registration Sect Division of Corpo				
30D3EC1.			ESPI, LLC		
			ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		RAL	JL GASTESI, JR., ES	SQ.	
			Name of Person		
GASTE			ESI & ASSOCIATES,	P.A.	
	Firm/Company				
	8105 N.W. 155TH STREET				
Address					
		MIA	AMILAKES, FL 3301	16	
			City/State and Zip Code	1	
		rg	gastesi@gastesi.com o be used for future annual rep	ant notification	
D 6	M 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ort nouncation)	
For fur	ther information coi	ncerning this matter, please c	an:		
	RAUL (GASTESI, JR.	at (_305_)	818-9993	
	Name of I	Person	Area Code &	Daytime Telephone Number	
Enclos	ed is a check for the	following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	te of Status &
	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations a 6327 see, FL 32314	Registration Division of Clifton Bui	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONS OF 10 NOV -3 AM 10: 07

(<u>Name of the Limited Li</u> (A F	SANESPI, LLC ability Company as it now apper orida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liab Florida document numberL080000128	- • •	February 6, 2008 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company h	ere:
The new name must be distinguishable and end with t 'L.L.C."	he words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
	_	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		Inter 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 **Title** Name **Address** Type of Action CESAR BORJA MGR 3330 NE 190TH ST. #1519 ☐ Add AVENTURA EL 33180 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 1** 2010 Dated_ Signature of a member or authorized representative of a member ILEANA TALANCON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00