# L09000031854

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SECRETARY OF STATE
FALLAHASSEE, FLORIGA

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#### COVER LETTER.

TO:	Registration Section
`	Division of Corporations

SUBJECT:

SPPI, 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:

## TAMMY PEREZ

Name of Person

## TABADESA ASSOCIATES

Firm/Company

#### 7005 W 17TH CT

Address

# HIALEAH, FL 33014

City/State and Zip Code

#### TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

TAMMY PEREZ

 $_{at}(305)989-8776$ 

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)

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**

SPPI, LLC		
(Name of the Limited   (A	Liability Company as it now Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Lia Florida document number L09000031854	ability Company were filed o	on 04/01/2009 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability compa	ny here:
"L.L.C."	•	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		LC B
Enter new mailing address, if applicable:		SSEE FLO
(Mailing address MAY BE A POST OFFICE E	<u> </u>	09 100 100 100 100 100 100 100 100 100 1
B. If amending the registered agent and/o registered agent and/or the new registered off		s on our records, enter the name of the new
Name of New Registered Agent:	THAMARA PEREZ	
New Registered Office Address:	7005 W 17TH CT	
		Enter Florida street address
	HIALEAH	, Florida 33014
Naw Begistered Agent's Signature if changing D	City	Zip Code

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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** 919 WEST 39TH STREET **SERGIO PRESAS** MGR MIAMI BEACH, FL 33140 MARIA A SUAREZ 919 WEST 39TH STREET MGR MIAMI BEACH, FL 33140 919 WEST 39TH STREET MGR JP 1 INVESTMENTS CORP MIAMI BEACH, FL 33140 Remove Remove

July 7	2013
Signature of SERGIO PRESAS	f a member or authorized representative of a member
	Signature of

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Filing Fee: \$25.00

SECRETARY OF STA

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