#L 10000034748

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(Cit	ty/State/Zip/Phone	· #)
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ALL AHASSEE, FLORIDA

EXAMINER
SEP 12 2012

COVER LETTER

TO:

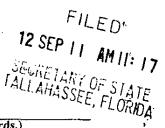
Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations				
SUBJECT:	SPLEN	DOR USA, LLC		
-	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
			•	
		JAMES M SCHIFF		
		Name of Person		
	J.	AMES M SCHIFF, P.A.		
	Firm/Company			
9130 South Dadeland Blvd. Suite 1225				
		Address		
		Miami El 22156		
		Miami, FL 33156 City/State and Zip Code		
	j	im@jmschifflaw.com		
	E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	call:		
Ja	mes M. Schiff	at (305) 6	70-5599	
	of Person	Area Code & Daytime		
Exclosed 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)	
Regist	JNG ADDRESS: ration Section	STREET/COURIE Registration Section		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPL	ENDOR	USA.	LLC
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(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 Liabi	ility Company were filed on	March 30, 2010	and assigned
Florida document numberL1000003474			
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company ho	e <u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	2.82)		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on e address here:	our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	- F	nter Florida street addre	200
	City	, Florida	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 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>	Name	Address	Type of Action
MGR	William K. Kokorelis	15380 S.W. 72 Avenue Miami, FL 33157	✓ Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
	·		_
 Dated	September 6	7012	
		mber or authorized representative of a member	
	Ty	J. Labartino, Managing Member yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00