

h10000084679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

(Business Entity Name)

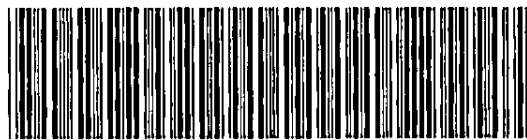
(Document Number)

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2018 SEP 14 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

SS  
9-21-18

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPCS, 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:

Elizabeth Caicedo  
Name of Person

SPCS, LLC  
Firm/Company

14850 SW 26th #103  
Address

MIAMI, FL 33185  
City/State and Zip Code

Chabeli300@yahoo.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Caicedo at 305, 763-1328  
Name of Person Area Code Daytime Telephone Number

*(we already paid)*

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  
2601 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2018

ELIZABETH CAICEDO  
14850 SW 26TH ST STE 103  
MIAMI, FL 33185 US

SUBJECT: S.P.C.S., LLC  
Ref. Number: L10000084679

We have received your document for S.P.C.S., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 718A00015403

RECEIVED  
2018 SEP 14 AM 10:31

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

S.P.C.S. LLC

(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 Liability Company were filed on 8/12/10 and assigned Florida document number L10000084679.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

n/a

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

n/a

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**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:

n/a

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------|--|
| MGRM         | Vanesse Rivera    | 14850 SW 26 St #103 | <input type="checkbox"/> Add               |
|              |                   | Miami, FL 33185     | <input checked="" type="checkbox"/> Remove |
|              |                   |                     | <input type="checkbox"/> Change            |
| MGRM         | Elisabeth Calvedo | 14850 SW 26 St #103 | <input checked="" type="checkbox"/> Add    |
|              |                   | Miami, FL 33185     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |

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

Multiple horizontal lines for amending information. A handwritten mark resembling 'n' or 'w' is present on the fourth line from the top.

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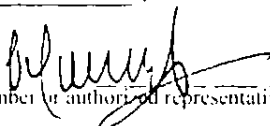
E. Effective date, if other than the date of filing: 09/25/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 09/1/18

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Elizabeth Cavido  
\_\_\_\_\_  
Typed or printed name of signer