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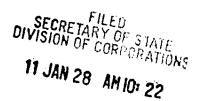
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	tion Section of Corporations						
SUBJECT:	RSPOT, 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:							
	DAVID J. HART, ESQ.						
	Name of Person						
	DAVID J. HART, PA						
	Firm/Company						
	SE 1st Avenue, 10th Floor						
Address							
		Miami, FL 33131					
	City/State and Zip Code						
	AMOSQL E-mail address:	JERA@IMMIGRATEUSA.COM (to be used for future annual report notification)					
For further inform	ation concerning this matter, please	·					
	David J. Hart, Esq.	at (305) 577-9977					
	Name of Person	Area Code & Daytime Telephone Number					
Enclosed is a chec	k for the following amount:						
₹ \$25.00 Filing B	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



-	CARSPO		<u>;</u>	
(<u>Name of the Limite</u> (d Liability Compan A Florida Limited Li	y as it now appear ability Company)	rs on our records.)	
The Articles of Organization for this Limited I	_iability Company v	vere filed on	01/03/2011	and assigned
Florida document numberL1100000	00310			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limite	ed Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		<u></u>
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	N/A		
B. If amending the registered agent and	or registered offi	ce address on o	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered (
Name of New Registered Agent:	N/A			
New Registered Office Address:		En	ter Florida street add	ress
			, Florida	
		City	, FIUI IUA	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 **Type of Action** Title Name **Address** MGR GUILLERMO RAMIREZ 21 SE 1st Avenue, 10th Floor ☐ Add ✓ Remove Miami, FL 33131 **CARIDAD CARPIO** PSD ✓ Add 709 Lake Blvd. Remove Weston, FL 33326 VP/MG **LENNY MANUITT** 709 Lake Blvd. ✓ Add Remove Weston_FL 33326 Add Remove ∏Add Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE NOTE THAT THE ASSIGNED FEI/EIN NUMBER IS 27-4484103 Dated Signature of a member or authorized representative of a member David J. Hart, PA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00