11000032840

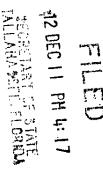
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PICK-UP	WAIT	MAIL		
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***COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Spines UC 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:
Tunaman New
Splmex UC Firm/Company
1450 S. Mioni Alema
Mi Sani Ft 33130 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (785 506 57 55 506 Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2012

JONATHAN NEW 1450 S. MIAMI AVENUE MIAMI, FL 33130

SUBJECT: SPLINEX LLC Ref. Number: L11000032840

We have received your document for SPLINEX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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.

Letter Number: 912A00026644

Leslie Sellers Regulatory Specialist II



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2012

JONATHON NEW 1450 S. MIAMI AVENUE MIAMI, FL 33130

SUBJECT: SPLINEX LLC Ref. Number: L11000032840

We have received your document for SPLINEX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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.

Leslie Sellers Regulatory Specialist II

Letter Number: 012A00028054

Attr. Lestie November 26th.

This was completed November 26th.

This was completed November 26th.

The same date.

Thank you.

Please make Splinex show the same date.

Please make Splinex show the same date.

Neark you.

Elevis Fachal Int.

Net Element Int.

Net Element 305.507.8808

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	as it now appears on our records.)
(A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number 1110003280	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	552 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 4: 17 E.F.LORATE
-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent: WEX E	lengt International Dre
New Registered Office Address: 1450	Enter Florida street address
m19	City, Florida 33130

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, Thereby 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 2

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

<u>e</u>	<u>Name</u>	Address	Type of Acti
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			—☐ ☐d □ Remove
	 		
			Unove
If amer	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.,	
	ang any concernation, concernation		
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		ber on authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00