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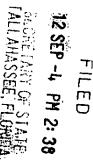
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number))		
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COVER LETTER

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SUBJECT	•	Spanglish Glo	obal Enterprises LLC		
5000001	-		ted Liability Company	<u>, </u>	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	rn all corresp	ondence concerning this matter	to the following:		
			Joseph A. Spiriti Name of Person		
	Caserta & Spiriti				
	Firm/Company				
		7855	NW 12th Street, Suite 218		
			Address	 	
			Doral, FL 33126		
			City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·	
		İ	spiriti@csgfirm.com to be used for future annual report noti		
		E-mail address: (to be used for future annual report noti	fication)	
For further	information	concerning this matter, please of	eall:		
	Jos	seph A. Spiriti	at (_305_)	463 8808	
		of Person	Area Code & Daytin	ne Telephone Number	
Enclosed is	a check for t	the following amount:			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
·	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 SEP -4 PH 2: 38

SECRETARY OF STATE
TALLAHASSEE, FLORICA

Zip Code

Spanglish Global Enterprises	LLC ALLANA	SSEE, FLORIDA
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company were filed on _	10/06/2011	and assigned
Florida document numberL11000114780		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability company l</u>	nere:	
The new name must be distinguishable and end with the words "Limited Liability Con"L.L.C."	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street add	ross
	, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rigoberto Cabrera	12550 BISCAYNE BLVD Suite 800 North Miami FL 33181	Add ✓ Remove
MGR	Carlos Peralta	8421 NW 140 Sreet Miami Lakes FL 33014	Add ✓ Remove
MGRM	R. De Oro Enterprises LLC	12550 BISCAYNE BLVD Suite 800 North Miami FL 33181	Add Remove
MGRM	Entectainment, Alkatraks Enterprises LLC	8401 NW 140th Street apt 3508 Miami Lakes FL 33016	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necesse	ALLA
			FILED IARY OF STAIL ASSEE, FLORE
Dated	Bit	212	
		er or authorized representative of a member OCLOCO d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00