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(Ac	ldress)	
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	SPANGLISH INTERN		ING, LLC	
	Name of Lin	nited Liability Company		
The enclosed Arti	cles of Amendment and fee(s) are su	abmitted for filing.		
Please return all c	orrespondence concerning this matte	er to the following:		
		Joseph A. Spiriti Jr.		
	•	Name of Person		
		Caserta & Spiriti		
		Firm/Company		
	7855	NW 12th Street, Suite 2	118	
		Address		
		Doral/Florida 33126		
		City/State and Zip Code		
		jspiriti@csgfirm.com		
	E-mail address:	(to be used for future annual report	notification)	
For further inform	ation concerning this matter, please	call:		
	Joseph A. Spiriti Jr.	at (_305_)	463 8808	
	Name of Person		aytime Telephone Number	
Enclosed is a chec	ck for the following amount:			
√ \$25.00 Filing I	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl	osed)

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

12 FEB 13 AM II: 48
PALLAHLECT OF STATE

SPANGLISH INTERNATIONAL PUBLISHING, 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 Liab	oility Company	were filed on	11/09/2011	and assigned
Florida document numberL110001279	62			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited <u>liab</u>	ility company here	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:	6073 NW 167	th Street, Unit C1	
(Principal office address MUST BE A STREET ADDRESS)		Miami Florida	33015	
Enter new mailing address, if applicable:		6073 NW 167	th Street, Unit C1	
(Mailing address MAY BE A POST OFFICE BOX)		Miami Florida	33015	
B. If amending the registered agent and/or registered agent and/or the new registered office	_		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Joseph A. S	Spiriti Jr. ESQ.		
New Registered Office Address:	New Registered Office Address: 7855 NW 12th Street, Suite 218 Enter Florida street address			ress
		Doral	, Florida	33126
		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 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

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MGR = Manager

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:

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
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			Add Remove
			□ D amayo
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(f ameno	ling any other information, enter o	change(s) here: (Attach additional sheets, i	.
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ed	tebrupey 9,	2012	
	Signature of a m	ember or authorized representative of a member of a member of a member of signed or printed name of signee	er

Page 2 of 2

Filing Fee: \$25.00