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(Requestor's Name)			
(Address)			
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J. SAULSBERRY EXAMINER SEP 7 2012

COVER LETTER

TO:	Registration S Division of Co					
SUBJECT: SPANGLISH TERRESTRIAL PUBLISHING, LLC						
3000			ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	oondence concerning this matter	to the following:			
			Name of Person			
			Caserta & Spiriti	· 		
			Firm/Company	ار 1852عار 182		
78		78	355 NW 12 Street #218	2812 SEP -4 SUCRETARY ALLAHASSE		
			Address	IVAY (
	Doral/Florida 33126		ή (n)			
		·	City/State and Zip Code	——————————————————————————————————————		
			jspiriti@csgfirm.com to be used for future annual report notificatio	AH '9: 2 2 F STATE , FLORIDA		
- ^				n)		
For fu	ther information	concerning this matter, please	call:			
	Jo	seph A. Spiriti	at (305) 463	-8808		
	Name	of Person	Area Code & Daytime Tele	ephone Number		
Enclos	sed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		stration Section sion of Corporations Box 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as	L PUBLISHING	ur records.)		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	lity Company)	,		
The Articles of Organization for this Limited Liability Company were Florida document numberL11000127962	re filed on1	1/09/2011	and assigne	ed
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
The new name must be distinguishable and end with the words "Limited L"L.L.C."	Liability Company," t	he designation "LLC	" or the abbro	eviation
Enter new principal offices address, if applicable:		Ā	<u>ි</u>	
(Principal office address MUST BE A STREET ADDRESS)			2 S	
_	***		P	
		SET	0 X 8	
Enter new mailing address, if applicable:				1 1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
(Mailing address MAY BE A POST OFFICE BOX)			\$ 10.00 \$ 10.0	
_			7 ^{rri} 22	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our re	ecords, <u>enter the</u>	name of th	<u>1e new</u>
Name of New Registered Agent:				<u>_</u>
New Registered Office Address:				<u>_</u>
	Enter Fl	orida street addres.	5	
		, Florida		
C	litu		7in 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 = M	lanaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	Rigoberto Cabrera	12550 BISCAYNE BLVD, SUITE 800 NORTH MIAMI, FL 33181	Add _☑ Remove —
<u>MGRM</u>	Carlos Peralta	8421 NW 140 STREET SUITE 3508 MIAMI LAKES, FL 33014	Add ☑ Remove
MGRM	Spanglish Global Enterprises, LLC	6073 NW 167 STREET UNIT C1 MIAMI, FL 33015	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
			ABIZSEP -4 AH SECRETARY OF S
Dated	Aufust 8, 201	QRIDA	9:22
	Ring		>
	Signature of a member or	authorized representative of a member	
		printed name of signee	

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Filing Fee: \$25.00