

L17 000 147087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

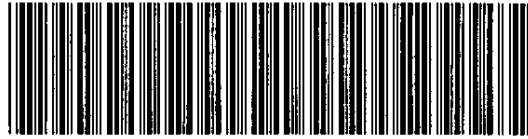
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 15 AM 10:59

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COVER LETTER

**TO: Registration Section
Division of Corporations**

MISANTHROPE LLC

SUBJECT: _____
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:

Ahpaly Coradin, Esq.

Name of Person

Coradin Law P. A.

Firm/Company

200 South Biscayne Blvd, Suite 2790

Address

Miami, FL 33131

City/State and Zip Code

ahpaly@coradinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahpaly Coradin

305 714 9532

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

MISANTHROPE 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 Liability Company were filed on 10/18/2013 and assigned
Florida document number L13000147087.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 160 W. CAMINO REAL
SUITE 286
(Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL 33432

Enter new mailing address, if applicable: 160 W. CAMINO REAL
SUITE 286
(Mailing address MAY BE A POST OFFICE BOX) BOCA RATON, FL 33432

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

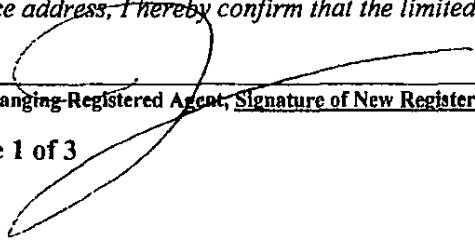
Name of New Registered Agent: JEFFREY C. WEINSTEIN, Esq.
New Registered Office Address: 3100 SOUTH FEDERAL HIGHWAY, SUITE B
Enter Florida street address
DELRAY BEACH, Florida 33483
City Zip Code

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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 605, 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



Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Coradin Law P. A.	200 South Biscayne Blvd	<input type="checkbox"/> Add
		Suite 2790	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	
MGR	Sparing Partners Inc.	160 W. CAMINO REAL	<input checked="" type="checkbox"/> Add
		SUITE 286	<input type="checkbox"/> Remove
		BOCA RATON, FL 33432	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 23rd, 2015.



Signature of a member or authorized representative of a member

Philippe Pepas, Spacing Partners
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

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