

L 13000158993

Florida Department of State
Division of Corporations
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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPOT PARTS LLC

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPOT PARTS LLC

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

Danieloliviero@Gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323 962-8600 ext 7950

Name of Person

at (_____)_____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPOT PARTS 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 11/13/2013 and assigned Florida document number E13000158993.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Spotago LLC

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:

10001 NW 50th St., Suite 113

(Principal office address MUST BE A STREET ADDRESS)

Sunrise FL, 33351

Enter new mailing address, if applicable:

10001 NW 50th St., Suite 113

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise FL, 33351

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:

New Registered Office Address:

10001 NW 50th St., Suite 113

Enter Florida street address

Sunrise

City

Florida 33351

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 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

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Daniel M. King
Daniel M. King

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
AMBR	Daniel Borrás	3995 W. McNab Road, Apt 204B	<input type="checkbox"/> Add
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Remove
AMBR	Joshua O'Brien	7712 NW 5th Street, Apt 31D	<input type="checkbox"/> Add
		Plantation, FL 33324	<input checked="" type="checkbox"/> Remove
AMBR	Michael Garcia	620 Rockland Drive	<input type="checkbox"/> Add
		West Palm Beach, FL 33405	<input checked="" type="checkbox"/> Remove
AMBR	Manuel Gonzales	3911 NW 92nd Ave.	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article V. The title and address for managing member, Daniel Oliviero, shall be:

Daniel Oliviero, AMBR, 4711 Bougainvillea Dr. apt #207, Lauderdale By The Sea FL, 33308

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 Aug. 15th, 2014



Signature of a member or authorized representative of a member

Daniel Oliviero

Typed or printed name of signer

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Filing Fee: \$25.00

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