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SECREMENTS OF JAN

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COVER LETTER

Division of Cor			
SUBJECT:	Spin Investine	ed Liability Company	ing. 11c
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Juan	C OSDING	
		I Timbe of Crisis	
	Ospin Lno	estructis & Re	modeling, 16
	133 6	lowing Prace	JH
	Orland	do. Fl 32824	
		City/State and Zip Code	
	E-mail address: (t	nab Chatmal - C	otification)
For further information of	concerning this matter, please ca	al:	
Juan C	Osiding	at (46.) Area Code Days	0.1257
	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	the following amount:	ł L	
\$25.00 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations 2
		Tallahassee, FL	32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	vestments		hos 1	10	_
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our r ability Company)	ecords.)		
The Articles of Organization for this Limited Li Florida document number <u>LIGOCO</u> 3	<u>8090</u> .	were filed on	106/20	314{ and :	assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	f the limited liabil	lity company here:			
The new name must be distinguishable and contain the w	cords "Limited Liabili	ty Carryony " the designation	"I I C" or the	e abbreviation	"I I C "
		dy Company, the designation	171.8 84 418	e mane vinim	13.13.64
Enter new principal offices address, if applic		- N			
(Principal office address MUST BE A STREE	<u> (LADDRESS)</u>	<u> </u>			
				 	
Enter new mailing address, if applicable:	DZIVI	14/ N			
(Mailing address MAY BE A POST OFFICE	<u>BOA)</u>				
B. If amending the registered agent and registered agent and/or the new registered o			cords, <u>ent</u>	er the man	ne of the ne
New Registered Office Address:	MA				~ .
		Enter Florida street (address		
		City.	_, Florida	95 S	<i>u</i>
New Registered Agent's Signature, if changing	Degistered Agent:	City		3.4	ue
			16 .1		
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete pistered agent as properties of the registered office of the registered office of the registered of the	performance of my dution ovided for in Chapter	es, and La 605, F.S. 6	m familiar Or, if this d	with and ocument is
		1			
					
	If Chan	ging Registered Agent, <u>Sign</u>	ature <u>of Nev</u>	Kegistered A	<u>rgent</u>

Page 1 of 3

	authorized Person(s) authorized to man	nage, enter the title, name, and address of each	n person being added
MGR = Mar AMBR = Aut	iager horized Member	1	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MG</u> 2	Juan C Ospina	133 6 lowing IN Orlando, F1 32824	
		Orlando, T1 32824	□ Remove
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