

L15000076130

To: Page 1 of 5

2015-05-21 14:22:58 (GMT)

From: Office Fax

5/21/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000123189 3)))



H150001231893ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JAY BORSKY PA
Account Number : I20140000107
Phone : (305)904-9777
Fax Number : (305)675-6200

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPM IMPORT LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit Number: H150001231893**COVER LETTER****TO: Registration Section
Division of Corporations****SUBJECT: SPM IMPORT 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:

Jay Borsky

Name of Person

Jay Borsky PA

Firm/Company

1498 Jefferson Ave STE 508A

Address

Miami Beach, FL 33139

City/State and Zip Code

jayborsky@gmail.com

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

For further information concerning this matter, please call:

Jay Borsky

at (305) 904-9777

Name of Person

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 32301Prepared by:
Jay Borsky PA
1498 Jefferson Ave STE 508A
Miami Beach, FL 33139
Tel 305-904-9777
Fax 305-675-6200

Fax Audit Number:

H150001231893

15 MAY 21 AM 10:27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Fax Audit Number: 4150001231893

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPM IMPORT 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 04/29/2015 and assigned
Florida document number L15000076130.

This amendment is submitted to amend the following:

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

SPM IMPORTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

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 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.

Prepared by:
Jay Borsky PA
1498 Jefferson Ave STE 508A
Miami Beach, FL 33139
Tel 305-904-9777
Fax 305-675-6200

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Fax Audit Number: 4150001231893

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 1 AM 10:27
TALLAHASSEE, FLORIDA

Fax Audit Number: 4150001231893
 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|----------------------------|--|--|
| AMBR | Moreno Nieto, Angel Maria | | <input type="checkbox"/> Add |
| | | 1498 Jefferson Ave STE 508A Miami Beach, FL 33139 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Moreno Nieto, Angela Maria | 1498 Jefferson Ave STE 508A Miami Beach, FL 33139 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

Prepared by:
 Jay Borsky PA
 1498 Jefferson Ave STE 508A
 Miami Beach, FL 33139
 Tel 305-904-9777
 Fax 305-675-6200

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 15 MAY 21 AM 10:27
 ATLANTA, GEORGIA

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 21 AM 10:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit Number: 1150001231893