## L15000090783

(Re	equestor's Name)	
· (Ad	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

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DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO: Registration Set Division of Con			•
SUBJECT: Spotview-l	Mobile, LLC		
30BJEC1.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	_	
r lease return an correspo	ondence concerning this matter	to the following:	
	Edgard Zambrano, MBA		
	,	Name of Person	1111 9119411440
	The Genesis Firm LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
. 'S	2500 NW 79th Avenue ST	E 169	
		Address	
	Doral, FL 33122	City/State and Zip Code	
•	thegenesisfirm@hotmail.co	City/State and Zip Code  m * * * * * * * * * * * * * * * * * *	era en describate
			t notification)
	oncerning this matter, please ca	all:	,
Edgard Zambrano		786 401-774 at () Area Code Da	•
Name o	f Person	Area Code Da	nytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy)  AHR

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

(Name of the Limited Liabi (A Floric	lity Company as it now appears on o	
	la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability ( Florida document number L15000090783	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the ne
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Free Clavida et	
	Enter Florida sti	
		reet address, Florida Zip Code
	City	, Florida

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Santiago V Arias	2500 NW 79th Avenue STE 175,	Add
		Doral, FL 33122	Remove /
			☐ Change
AMBR	Javier S. Arias	2500 NW 79th Avenue STE 175,	■ Add ✓
		Doral, FL 33122	☐ Remove
			Change
AMBR	Gustavo R Mendez	2500 NW 79th Avenue STE 175,	
		Doral, FL 33122	■ Remove ✓
			Change
AMBR	Gustavo A. Mendez	2500 NW 79th Avenue STE 175,	
		Doral, FL 33122	Remove
		with the second	Change
AMBR	Beker L Davila	2500 NW 79th Avenue STE 175,	
		Doral, FL 33122	15 SECRITORN
			N - Garan
AMBR	Baker E. Davila	2500 NW 79th Avenue STE 175,	AM 4:
		Doral, FL 33122	ATIO ATION Remove
			Change

Ifamen	ding any other information, enter change(s) here: (Attach additional sheets, if nec			
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(If an effect Note: If document the reco	e date, if other than the date of filing:  (opt tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.  In the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	is date will t	iot be li	isted as tl
ine s	our day arter the record is med.			ಎ
Dated _		72 20 20 20 20 20 20 20 20 20 20 20 20 20	<del>5</del>	ISIVI 38
	and the second second	I.A.F.	K	으로 전문
	Signature of a member or authorized representative of a member	SSEE	8	FRY CCAR
	Edgard Zambrano		3	포인()
	Typed or printed name of signee	STATE	f: 10	TATE RATIO
	Page 3 of 3			壳

Page 3 of 3

Filing Fee: \$25.00