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## **COVER LETTER**

TO: Registration Se Division of Cor			
SPICA K,F	ł.,LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AMPARO CARDONA SA	ANCHEZ	
		Name of Person	
	<del></del> _		
3101 PORT ROYALE BLVD, UNIT L818			
		Address	
	FORT LAUDERDALE, F	L 33308	728
	City/State and Zip Code CALDOLF14@GMAIL.COM		LANCE TO THE PARTY OF THE PARTY
e e	E-mail address: (	to be used for future annual report n	otification)
For further information of	concerning this matter, please c	ali:	E O
AMPARO CARDONA	SANCHEZ	at ()	STATE TO STA
Name o	of Person	Area Code Day	ime Telephone Number
Enclosed is a check for t	he 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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPICA K.H., LLC					
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our remited Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Con Florida document number L15000093837	npany were filed on 05/28/2015	and assigned			
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 contain the words "Limited	d 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 ADDRES	SS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register		ords, enter the name of the new			
registered agent and/or the new registered office address	ss here:				
		新元 <del>に</del> こだ 5			
Name of New Registered Agent:		> N			
New Registered Office Address:	Enter Florida street a	ddress			
		, Florida			
· <del></del>	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.

If Changing Registered Agent, Signature of New Registered Agent

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	AMPARO CARDONA SANCHEZ	3101 PORT ROYALE BLVD	
		UNIT L818	Remove
		FORT LAUDERDALE, FL 33308	☐ Change
MGR	IRENE FREER	3101 PORT ROYALE BLVD	
		UNIT L818	
		FORT LAUDERDALE, FL 33308	Remove
		·	Change
			Add
			Remove
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