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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

J.S.P.A ENTERTAIMENT LLC

Please add Fin #

The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	JUAN SEBASTIAN PACHAS
	Name of Person
	J.S.P.A ENTERTAIMENT LLC
	Firm/Company
	1504 BAY RD #926
	Address

Name of Limited Liability Company

For further information concerning this matter, please call:

JUAN SEBASTIAN PACHAS

at (

7886858

Name of Person

Area Code

City/State and Zip Code

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

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

MIAMI FLORIDA 33139

juansemiami@gmail.com

□ \$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 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.S.P.A ENTERTAIMENT LLC			
(Name of the Limit	(A Florida Limited	any as it now appears on a Liability Company)	ou <u>r records.</u>)
The Articles of Organization for this Limited L. Clorida document number	iability Company	were filed on 02/26/2	016 and assigned
his amendment is submitted to amend the following	owing:	•	
a. If amending name, enter the new name o	f the limited liab	oility company here:	
S.P.A ENTERTAINMENT LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREET ADDRESS)		1504 BAY ROAD #	926
		MIAMI BEACH FLO	ORIDA 33139
Enter new mailing address, if applicable:		N/A	TYTE SECOND
(Mailing address MAY BE A POST OFFICE BOX)			R 7
			9 0
•		•	き点 量 ワ
B. If amending the registered agent and/ egistered agent and/or the new registered of			records, enter the name of the
Name of New Registered Agent:	JUAN SEBAS	TIAN PASCHAS	
New Registered Office Address:	1504 BAY RO	AD #926	•
	,	Enter Florida st	reet address
•	MIAMI		, 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.

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>	<u>Name</u>	Address	Type of Action
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tive date, if other than t	ne date of filing:	(optional)
ffective date is listed, the date r	oust be specific and cannot be prior to date of filing of block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 6
	Department of State's records.	
ecord specifies a delay e 90th day after the r	ed effective date, but not an effective cord is filed	ve time, at 12:01 a.m. on the ear
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d 04/15/2016		
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:	Signature of a member or authorized representa	
// 11/	Signature of a member or authorized representa	itive of a member

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