

L17000191509

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

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Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : 120140000049
Phone : (786)837-6787
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eric@epgdlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARRAY SPARES, LLC

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2017 SEP 25 AM 2:00

STATE OF FLORIDA
DIVISION OF STATE
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STATE OF FLORIDA
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2017 SEP 25 AM 9:48

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARRAY SPARES, 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:

Eric P. Gros-Dubois

Name of Person

EPGD Attorneys at Law, P.A.

Firm/Company

2701 Ponce de Leon Blvd., Suite 202

Address

Coral Gables, FL 33134

City/State and Zip Code

eric@epgdllaw.com

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

For further information concerning this matter, please call:

Eric P. Gros-Dubois

786
at ()

8376787

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 &
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(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**

ARRAY SPARES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 SEP 25 AM 9:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/14/2017 and assigned Florida document number L17000191509.

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 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.

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>	<u>Address</u>	<u>Type of Action</u>
VP	Jose Ramon Perez	1315 NW 98TH COURT, UNIT 2	<input type="checkbox"/> Add
		Doral, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Joseramon Perez	1315 NW 98TH COURT, UNIT 2	<input checked="" type="checkbox"/> Add
		Doral, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JULIA HARRIS

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Dated September 25, 2017

Typed or printed name of signer