

L18000063424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

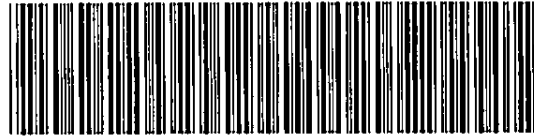
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



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09/19/18--01001--011 ++35.00

FILED  
18 OCT -6 PM 11:51  
FBI

2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2018

EMMANUEL RAMIREZ  
2014 NE 38 RD  
HOMESTEAD, FL 33033

SUBJECT: SPIN DOCTORS MARKETING & PRINTING SOLUTIONS LLC  
Ref. Number: L18000063424

We have received your document for SPIN DOCTORS MARKETING & PRINTING SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 918A00019803

2018 OCT -4 PM 11:09  
60:11:17 4-1508102

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spin Doctors Marketing & Printing Solutions, 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:

Emmanuel Ramirez  
Name of Person

Spin Doctors Marketing & Printing Solutions, LLC  
Firm/Company

2014 NE 38 Rd  
Address

Homestead, FL 33033  
City/State and Zip Code

Eramirez21@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmanuel Ramirez at ( 305 ) 431-1706  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ ~~\$35.00 Filing Fee~~ <sup>ER.</sup> ☐ \$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 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Spin Doctors Marketing & Printing Solutions, 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 3/12/2018 and assigned Florida document number L18000063424.

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>
<u>MGR</u>	<u>Emmanuel Ramirez</u>	<u>2014 NE 38 Rd</u>	<input type="checkbox"/> Add
		<u>Homestead, FL 33033</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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18 OCT - 4 AM 11:51  
SIA

11-11-51

**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.

Dated 9/30/18 .

Signature of a member

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Emmanuel Ramirez  
Typed or printed name of signer

Typed or printed name of signee