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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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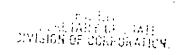
21 MAR -9 PH 4: 14

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SPN ENTERTAINMENT LLC Name of Limited Liability Company	
Name of Entitled Classifity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JORGE A. ABDALA BORDA Name of Person	
SPN ENTEZTAINMENT	
Firm/Company	
SPN ENTEZTAINMENT Firm/Company  13940 S.W 14th. St.  Address	
Address	
MiANI FLOQUDA 33184  City/State and Zip Code	
City/State and Zip Code	
BORDA OSERVICEPN. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JODGO A. Albahla Bocka at (186) 626-5303  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)	tus &
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR -9 PM L: 1h

(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 Florida document number 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 "LLC." 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 City 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

SIVISION OF CORPORATION

<u>Title</u>	<u>Name</u>	21 MAR -9 P科 4: 1	Type of Action
MGR	NATALIA CURTO CORTIELLA	13940SW 14th St. Miani FL 33184	_ <b>X</b> Add
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fective date, if other than the date of filing:  m effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory for the date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a, is filed.	.m. on the earlier of: (b) The 90th day after the
ned MARCH 2ND. 2021	
_	
JA	
Signature of a member or authorized representa	ative of a member

Filing Fee: \$25.00