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(Address)

(Address)

(City/State/Zip/Phone #)

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08/26/19--01011--007 \*\*25.00

R WHITE

SEP 04 2019

2019 SEP 26 PM 3:35

08/21/2019

Att: Florida Department of State

RE: Spellman Trust, LLC

DOC# L19000202393

REE: ADDITIONAL MEMBERS

To whom it may concern,

Please find enclosed the request along with payment to add 3 additional members to the LLC for Spellman Trust, LLC.

Should you have any questions, please feel free to contact me.

Sincerely,

Anthony Ruidiaz

Manager

Spellman Trust, LLC

PH: 305-333-5921

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPELLMAN TRUST, 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:

ANTHONY RUIDIAZ

Name of Person

SPELLMAN TRUST, LLC

Firm/Company

6915 RED ROAD #221

Address

CORAL GABLES, FL 33143

City/State and Zip Code

aruidiaz@wwinsurancegroup.com

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

For further information concerning this matter, please call:

ANTHONY RUIDIAZ                      305        333-5921

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 & 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**

SPELLMAN TRUST, LLC

2019 JUN 26 PM 3:35

(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 08/08/2019 and assigned  
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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6915 RED ROAD #221

CORAL GABLES, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6915 RED ROAD #221

CORAL GABLES, FL 33143

**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>
MGR	ALAIN J. HERNANDEZ	7150 LOS PINOS BLVD CORAL GABLES, FL 33143	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	LEONARD VIDAL	495 BRICKELL AVENUE #2805 MIAMI, FL 3313	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD BARO	504 SMOKE TREE DRIVE MURPHY, TX 75094	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

2019

Signature of a member or author, or representative of a member

ANTHONY RUIDIAZ

Typed or printed name of signee