## 119000202393

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
cimi	Spellman T	rust, LLC		
SUBJE	CT:		ited Liability Company	 罗,
				<b>4</b>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	9.
Please	return all correspo	ondence concerning this matter	to the following:	•
		Manuel Negreiro		
		-	Name of Person	<del>.</del>
		Spellman Trust, LLC		
			Firm/Company	<del></del>
		6915 Red Road # 221		
			Address	<del></del>
		Coral Gables, Florida 3314	43	
			City/State and Zip Code	
		madelin@schramrasdiazpa.		
			to be used for future annual report noti	fication)
For tur	ther information c	oncerning this matter, please co	aH:	
Manue	l Negreiro		954 980-1515 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	he following amount:		
\$25	5.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s

Spellman Trust, 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 v	were filed on <u>08-08-2019</u>	and assigned
Florida document number L19000202393		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words "Limited Liability and Contain the words" and Contain the words are also con	y Company," the designation "LLC" or the a	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 off registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Madelin Diaz	7975 NW 154th Street, Suite 340 Miami Lakes, Florida 33016	<b>≅</b> Add
		<del></del>	□ Remove
			Change
		-	Add
			Remove
			Change
		<del> </del>	
		Remove	
			Change
		-	
		Remove	
			□ Change
		Add	
			Remove
			Change
			□ Remove
			□ Change

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f an effec <u>Note:</u> H	e date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $00$ 0000000000000000000000000000000000
The S	
The S	10/11/19
	10/11/19  MMSR  Signature of a member or authorized representative of a member

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Filing Fee: \$25.00