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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

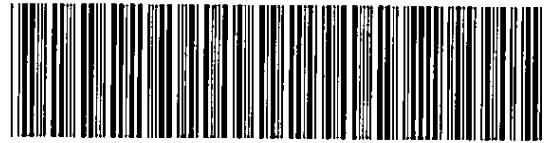
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 OCT 29 AM 9:50
STATE
CORPORATIONS

Amend / name change

NOV 22 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SL MEDICAL PRODUCTS 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:

Pablo Lavigna
Name of Person
Firm/Company
14261 SW 120th Street, #103-508
Address
Miami, FL 33186
City/State and Zip Code
pl productions100@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Lavigna at (305) 213-8779
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

0218 10 30 10 11
CORPORATION
STATE OF FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

19 OCT 23 11:58:50 AM '19

SL MEDICAL PRODUCTS 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 09-19-2019 and assigned
Florida document number L19000236813.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BSP CREATIONS LLC

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:

14761 SW 176TH TERRACE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33187

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:

14761 SW 176TH TERRACE

Enter Florida street address

MIAMI

City

Florida 33187

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>
MBR	MARCIO SILVA		<input type="checkbox"/> Add
		600 THREE ISLANDS BOULEVARD, APT 204	<input checked="" type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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