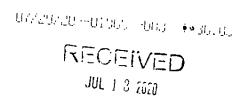
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## **COVER LETTER**

**Division of Corporations** SPPR, L.L.C. SUBJECT: \_ 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: SEBASTIAN A. PAOLI-TORRES Name of Person SPPR, L.L.C. Firm/Company PO BOX 227113 Address DORAL, FL 33222 City/State and Zip Code spaoli2016@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SEBASTIAN A. PAOLI-TORRES 786 760-6372 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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**

SPPR, L.L.C.

23°3."1 !3 PN 4:28

. . .

( <u>Name of the Limited Liabi</u> (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L20000181681	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	ited 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 ADDI	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code

ered 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 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>	Type of Action
AMBR	SEBASTIAN A. PAOLI-TORRES	12255 SW FLAGLER TERR	<u> </u>
		MIAMI, FL 33 184	□Remove
			= Change
AMBR	JORGE PAOLI-BRUNO	12255 SW FLAGLER TERR	
		MIAMI, FL 33184	
			Remove
			Change
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Effective date, if other than the date of filing:    (optional)	<del></del> .			<u>-</u>	
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