

L22 000 293 138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

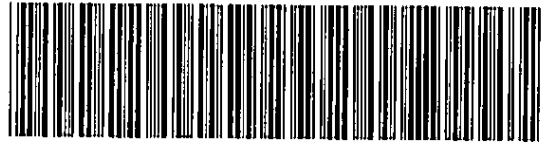
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22 SEP 13 AM 11:54
DIVISION OF COURT OPERATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPAIN TRAMITES Y DOCUMENTOS 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:

ARMELIO M. FERNANDEZ APONTE

Name of Person

SPAIN TRAMITES Y DOCUMENTOS LLC

Firm/Company

141 Therese St., Davenport FL

Address

Davenport, FL 33897

City/State and Zip Code

armelio.fdez@gmail.com

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

For further information concerning this matter, please call:

Armelio M. Fernandez Aponte

407 720-1664

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 SEP 13 AM 11:54

DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

SPAIN TRAMITES Y DOCUMENTOS 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 06/29/2022 and assigned
Florida document number 1.22000293138.

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)

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

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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

22 SEP 13 AM 11:54
DIVISION OF SOCIAL SERVICES
STATE OF NEW YORK

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The registered agent name and authorized person will remain the same, but his name, should be corrected from

FERNANDEZ APONTE, ARMELIO M. SR to FERNANDEZ APONTE, ARMELIO M

the main purpose of this is to have it as appear on his Florida Driver License.

Please review copy of the Florida Driver License.

22 SEP 18 AM 11:54
DIVISION OF CONSUMER AFFAIRS

E. Effective date, if other than the date of filing: 06/28/2022 **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 4, 2022

Davenport, FL



Signature of a member or authorized representative of a member

Armelio M. Fernandez Aponte

Typed or printed name of signee

Florida

DRIVER LICENSE



USA



[Signature]

40 DLN **F655-013-89-283-1** 9 CLASSE

1 FERNANDEZ APONTE

2 ARMELIO MANUEL

8 141 THERESE ST

DAVENPORT FL 33897-5457

3 DOB 08/03/1989 15 SEX M

46 EXP 08/03/2025 16 HGT 5'-08"

12 REST NONE 9a END NONE

SAFE DRIVER

4a ISS 05/16/2017

5 DD L841902280025

REPLACED 02/28/2019

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.



♥ DONOR