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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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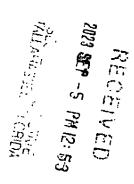




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SECRETARY OF STATE



COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	SUBLINK	SPI LLC		
SUBJE	<u></u>	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		IVAN SILVA		
			Name of Person	
		SUBLINK SPELLC		
			Firm/Company	
		5252 NW 85TH AVE AP	T 1107	
			Address	
		DORAL, FL 33166		
	2023 SEP SECRET			
		USTUEMPRESA@GMAI E-mail address: ((to be used for future annual report notification)	SEP SEP
For furth	ner information c	oncerning this matter, please c	rall:	AFRY 5
IVAN S	ILVA		786 849-9937 at ()	PH 2:
	Name o	f Person	Area Code Daytime Teleph	one Number 5
Enclose	I is a check for th	ne following amount:		
■ \$25.00 Filing Fee			□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 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**

SUBLINK SPILLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ne Articles of Organization for this Limited	Liability Company	were filed on 1170	and assigned
orida document number 1.22000481270	·		
is amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of th <u>e limited liabi</u>	lity company her	<u>e</u> :
Λ			
e new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	NA	
rincipal office address MUST BE A STRE	ET ADDRESS)		
			27.5 27.3 27.3 27.3 27.3
Enter new mailing address, if applicable:		NA	SEP
failing address MAY BE A POST OFFICE	E BOX)		AR S
	<u>_</u>		SS 9
			E.S. 5.
If amending the registered agent and/or	registered office a	ddress on our rec	ords, enter the name of the naw regis
ent and/or the new registered office addr	ess here:		• •
	CARLOS A VII	GIDA DA LUZ	
Name of New Registered Agent:	CARLOS A VII	EIKA DA LOZ	
New Registered Office Address:	1530 SW 109TF	LAVE APT 107	
	- , ,	Enter Florid	a street address
	PEMBROKE PI	INES	Florida <u>33025</u>
		City	Zip Code

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.

> Carlos Visira 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_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	CARLOS A VIEIRA DA LUZ	1530 SW 109TH AVE APT 107	= Add
		PEMBROKE PINES, FL 33025	□Remove
AMBR	IVAN SILVA	5252 NW 85TH AVE APT 1107	
		DORAL FL 33166	■Remove
			□ Change
AMBR	ANGELA ROSALES	5252 NW 85TH AVE APT 1107	□Add
	•	DORAL, FL 33166	■Remove
			SECRE TALL
NA	NA	NA	PP 1
			Add P. T. S.
			□Change
NA	NA	NA	
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□ Change

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