

M100000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

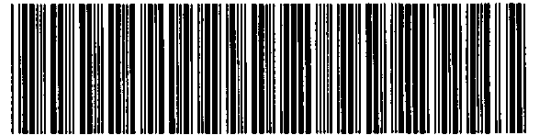
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STATE
TALLAHASSEE, FLORIDA

14 JUL -9 PM 1:45

FILED

JUL 10 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capital Spend Management, 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:

Ilan Najman
Name of Person
Capital Spend Management, LLC
Firm/Company
10800 Biscayne Blvd. Suite 200
Address
Miami / FL 33161
City/State and Zip Code
ilan.n@itlhc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ilan Najman at (954) 818-6532
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2014

ILAN NAJMAN
CAPITAL SPEND MANAGEMENT, LLC
10800 BISCAYNE BLVD STE 200
MIAMI, FL 33161

SUBJECT: CAPITAL SPEND MANAGEMENT, LLC
Ref. Number: M10000000018

We have received your document for CAPITAL SPEND MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 314A00014258

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Capital Spend Management, LLC

2. Jurisdiction of its organization: Maryland

3. Date authorized to do business in Florida: January 04, 2010

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Mr. James Dwyer - MGR (Remove)

Mr. Kevin A. Kirby - CFO (Remove) / Mr. Carl Brogunier - MGR (Add)

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Ilan Nagman
Signature of the authorized representative

Ilan Nagman
Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA