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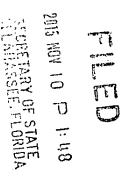
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2015

ILAN NAJMAN 2700 N 29TH AVENUE, SUITE 308 HOLLYWOOD, FL 33020-1515

SUBJECT: CAPITAL SPEND MANAGEMENT, LLC

Ref. Number: M1000000018

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).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Letter Number: 815A00023378

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Capital Spend Management, Llc Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tlan NaJman Name of Person
Capital Spend Management, UC Firm/Company
2700 W 29th Ave Ste. 308 Address
Hollywood FL 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Tan Vasman Name of Person at (954) 818-6533 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\Begin{array}{c} \\$25 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

1030 (7.10)

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

SECTION	N I (1.4 must be completed)	
SECTION	N I (1-4 must be completed)	35 Z
1. Name of limited liability Company as it appear	rs on the records of the Florida Depar	tment of
State: <u>Capital</u> Spend 1	nanagement, Uc.	U 177
Enter new principal office address, if applicable:	2700 N 29th	HURE E
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Sute 308	
MUSI BE A SIKEEI ADDKESS	Holly wood,	FL 33020
Enter new mailing address, if applicable:	2700 N 29+1	Ave
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Suite 308	
	Hollywood, F	-L 33020
2. The Florida document number of this limited li	(
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida:		
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mu	st contain "Limited Liability Compan	y, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	anaging members adopting the alterna	ess in Florida and attach a ate name. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, <u>en</u> address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Str	eet 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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>		Address	Type of Action	
				Add	
				Remov	
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				Add	
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aforementioned an	Ila	cated by the official is organized.	al having custody of recordized representative	Is in the PICTARY OF STATE AND	