P11000090173

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AUG 2 2 2017 D CUSHING

COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION: SPOCC INC		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARIAN CUELLO		
-		Name of Contact Person	1
	SPOCC INC.		
•		Firm/ Company	
	8750 NW 36TH ST STE 660)	
-		Address	
	DORAL FL 33178		
-		City/ State and Zip Cod	e
MAR.	IANCUELLO@SPOCC.CO		
	•	sed for future annual report	notification)
		·	•
For further information	concerning this matter, pleas	se call:	
		at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec. FL 32301	

Articles of Amendment to Articles of Incorporation of

SPOCC INC	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P11000090173	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) to
4. If amending name, enter the new name of the corpora	ntion:
	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation ne," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 	
Name of New Registered Agent	
	Florida street address)
	iorida sireci dadress)
New Registered Office Address:	, Florida
New Registered Office Address:	, Florida, (City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for	
Signature o	of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; $V = Vice\ President$; T = Treasurer; S = Secretary; D = Director; TR = Trustee; $C = Chairman\ or\ Clerk$; $CEO = Chief\ Executive\ Officer$; $CFO = Chief\ Financial\ Officer$. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X_Change	<u>PT</u>	<u>John Doe</u>			
X Remove	Y	Mike Jones			
_X Add	<u>\$Y</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
l) Change	VP	CARLOS RUIZ	8750 NW 36 ST STE 660		
X Add			DORAL FL 33178		
Remove					
2) Change	Т	MIRIAM ALBORNOZ	8750 NW 36 ST STE 660		
X Add			DORAL FL 33178		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional sheets, if n	ecessary). (Be spec	ific)			
N/A	,				
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F. If an amendment provides f	or an exchange, rech	assification, or ca	ncellation of issues	l shares.	
provisions for implementing (if not applicable, indicate)	ig the amendment if i ate N/A)	not contained in t	he amendment itse	<u>elf:</u>	
N/A	,				
		.		 	
					
			<u> </u>		
	,				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-19-17	
Dailed	
Signature Marion Cully	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
MARIAN CUELLO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	