

211000043880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

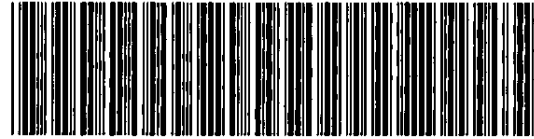
(Business Entity Name)

(Document Number)

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17 APR - 7 PM '17
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APR 10 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WORLD OF SPAIN 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:

JUAN J. BARREJON
Name of Person
WORLD OF SPAIN LLC
Firm/Company
350 LICOLN ROAD STE 5006
Address
MIAMI BEACH , FLORIDA , 33139
City/State and Zip Code
INFO@SP4IN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN J BARREJON at (786) 5710881
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

WORLD OF SPAIN 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 03/02/2016 and assigned Florida document number L16000043880.

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:

350 LICOLN ROAD STE 5006

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FLORIDA, 33139

Enter new mailing address, if applicable:

350 LICOLN ROAD STE 5006

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FLORIDA, 33139

B. If amending the registered agent and/or registered office address on our records, enter the names of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUAN J. BARREJON

New Registered Office Address:

350 LICOLN ROAD STE 5006

Enter Florida street address

MIAMI BEACH

, Florida 33139

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>
MGR	BARREJON, JUAN JOSE P	350 LICOLN ROAD STE 5006	<input type="checkbox"/> Add
		MIAMIA BEACH , FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	INCLAN, JAVIER	417 SE COCONUT AVE STE 1	<input type="checkbox"/> Add
		STUART, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MILLER, COREY	417 SE COCONUT AVE STE 1	<input type="checkbox"/> Add
		STUART, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MCCARTY, MAC, JR	417 SE COCONUT AVE STE 1	<input type="checkbox"/> Add
		STUART, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAR - 7 PM '09
 MISSISSIPPI
 FLORIDA

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

17 APR - 7 PM '17
DEPARTMENT OF STATE
RECORDS SECTION

E. Effective date, if other than the date of filing: _____ (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 APRIL -3-2017 _____, _____

Signature of a member or authorized representative of a member

JUAN J. BARREJON

Typed or printed name of signee