Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000242579 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

\_\_\_\_\_\_

To:

Division of Corporations

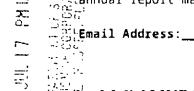
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

\*Enter the email address for this business entity to be used for future Scannual report mailings. Enter only one email address please.\*\*



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPECTRUM HARMONY SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

JUL 18 2024

Electronic Filing Menu — Corporate Filing Menu

Help

To 18506176383

Page; 2/4

If Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 JUL 17 AM 3: 41
ALLAMASCET, FILOGIO,

Spectrum Harmony Solutions 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 Con-	ipany were filed on 07	/01/24	and assigned
Florida document number L24000293995			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	e <u>re</u> :	
Spectrum Harmony Services LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			····
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our r	ecords, <u>enter the nam</u>	e of the new registered
		· <u> </u>	
New Registered Office Address:	Enter Flo	rida street address	
	Cay	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>igent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of u as provided for in (	iny duties, and Lam fo Thapter 605, F.S. Or.	miliar with and if this document is

7/17/2024 09.29:37 PDT To 18506176383 Page 3/4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

Fax: 813436520

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			☐ Change
			□ Add
		<del></del>	Offemore Offenore
			一 Change F
		****	Change Change
			(Thange
			FiAdd
			□Remove
			ElChange
			□Add
			□Remove
			□Change
			□Remove
			🗀 Change

Typed or printed name of signee

Robin Jones