## P15000085476

(Re	equestor's Name)	<del></del>			
(Ac	ldress)				
(Address)					
(City/State/Zip/Phone #)					
(0)	ty/Otate/Zip/F110116	= #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
i					

Office Use Only



000285544830

05/13/16--01006--007 \*\*35.00

SECRETARY OF STATE OF THE PROPERTY OF COMPOSATIONS

MAY 1 6 2016 C MCNAIR

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Spectrum Sales luc
DOCUMENT NUMBER: 7500008547U
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pavel A PAulouski Name of Contact Person
Firm/ Company
18 Hargrove Grate Ste 108
Poly Coast, FL 32137  City/ State and Zip Code
SSi Palm coas + g gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pavel # Paulous Lesson at (347) 580-9322  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment** to Articles of Incorporation of

	Articles of Amendment
ů.	Articles of Incorporation
	of the state of th
Sanata Calas Is	
Name of Cor	poration as currently filed with the Florida Dept. of State)
(Name of Cor)	PIEDDOD DE ITI
	1150000 05 7 1Q ==================================
(	Document Number of Corporation (if known)
ant to the provisions of section 607.1006, ticles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of	the corporation:
	The new
ne must be distinguishable and contain thorp.," "Inc.," or Co.," or the designation of "chartered," "professional association,"	ne word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
Enter new principal office address, if app	
ncipal office address <u>MUST BE A STREE</u>	T ADDRESS )
Enter new mailing address, if applicable:	
	CE BOX)
(Mailing address <u>MAY BE A POST OFFI</u> C	
Mailing address <u>MAY BE A POST OFFIC</u>	
Mailing address <u>MAY BE A POST OFFIC</u>	
Mailing address <u>MAY BE A POST OFFI</u>	
Mailing address <u>MAY BE A POST OFFI</u> C	registered office address in Florida, enter the name of the
Mailing address <u>MAY BE A POST OFFIC</u> If amending the registered agent and/or r	registered office address in Florida, enter the name of the
Mailing address <u>MAY BE A POST OFFIC</u> f amending the registered agent and/or rew registered agent and/or the new registered a	registered office address in Florida, enter the name of the
Mailing address <u>MAY BE A POST OFFIC</u> f amending the registered agent and/or r	registered office address in Florida, enter the name of the stered office address:
(Mailing address <u>MAY BE A POST OFFIC</u> If amending the registered agent and/or registered agent and/or registered agent and/or the new registered agent and/o	registered office address in Florida, enter the name of the stered office address:
Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered Agent  Name of New Registered Agent	registered office address in Florida, enter the name of the stered office address:  (Florida street address)
Mailing address MAY BE A POST OFFIC f amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florida, enter the name of the stered office address:

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u>P</u>	Pavel A Paulouski	18 Hargrave Grade ste las Polm Coast FL 32137
Add			Palm Coast FL 32137
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del> </del>
Add			
Remove			

E. <u>If amending or</u> (Attach addition	adding additional Ar al sheets, if necessary).	ticles, enter chang (Be specific)	<u>e(s) here</u> :		
V / &					
·					
	<del></del>				
			<del></del>		
				· · · · · · · · · · · · · · · · · · ·	
. <u>If an amendme</u>	ent provides for an exc implementing the am	hange, reclassific	ation, or cancellat	tion of issued share	<u>s,</u>
(if not app	olicable, indicate N/A)	<u>ienament ii not co</u>	mameu m me am	enament usen.	
N/A					
O M					
				<del></del>	
· · · · · · · · · · · · · · · · · · ·					
		<u> </u>			

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  Adoption of Amendment(s)  (CHECK ONE)  The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	er than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  Adoption of Amendment(s)  (CHECK ONE)  The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	_
Adoption of Amendment(s)  (CHECK ONE)  The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	sted as the
by the shareholders was/were sufficient for approval.	
The amount of the following statement	
☐ 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)	
(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	
Signature	
(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)	
Pavel A Paulouski (Typed or printed name of person signing)	_
Prosident	

(Title of person signing)

Pavel must contact <a href="http://www.sunbiz.org">http://www.sunbiz.org</a> and have his name corrected. They have Pavel as his last name. Below is how his name should be listed on Sunbiz.

LAST NAME

**FIRST NAME** 

INITIAL

**PAULOUSKI** 

**PAVEL** 

A

Thank you.