1 67000102712

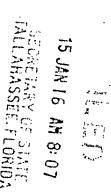
(Requestor's Name) (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700268405317

01/16/15--01003--018 **25.00



COVER LETTER

SUBJECT: SPECTRUM CONSTRUCTION INT'L, 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:						
JONATHAN W. SIMPSON						
Name of Leison						
COSMOS CONSTRUCTION						
Firm/Company						
94000 OVERSEAS HWY						
Address						
TAVERNIER, FL 33070						
City/State and Zip Code						
E-mail Address: (to be used for future anythal report notification)						
- •						
For further information concerning this matter, please call:						
JONATHAN W. SIMPSON at (305) 393-4993						
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee Certificate of Status &						

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

SPECTRUM COWTRUCTION TWTL. LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A Florida L The Articles of Organization for this Limited Liability Cor Florida document number <u>LO 7000/027/2</u>	mpany were filed on $\frac{10/89/2067}{2067}$ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited COSHOS COWSTRVCTION The new name must be distinguishable and end with the words "Limited Company".					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	94000 OVERSEKS TWY TAVERWIER, FL 33070				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	94000 OVERSEAS HWY TAVERNIER, FL 33070				
B. If amending the registered agent and/or registered agent and/or the new registered office addre	AR U				
Name of New Registered Agent: JO New Registered Office Address: 79 TA	WATHAW W. SIMPSOWS VOOD OVERSEAS HWY Enter Florida street address VERNIER , Florida Zin 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

	MGR = · Man AMBR = Autl	nager horized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
		JOW SHIELDS	4045 SHERIDAWAVE	Add
P	resident	-	UNIT ZZI	Remove
			MIAMIBEACH, FL 33	<u>3/40</u>
	VP	JON SHIELDS	4045 SHERIDAWAVE	□ Add
			UNIT 221	Remove
			MIAMIBEACH, FL33	3140
	P	JONATHANS	4045 SHERIDAN AVE	□ Add
		SIMPSON	UNITZZI	Remove
			MIAWI BEACH, FL 33	KYO
			HAS	Remove
			ئىن ۋىل ئىرى	9 8 7
			ORIC	8:07
				⊼dd
				🗆 Remove
				_
			 .	□ Add
				Remove

If amending any other information, enter change(s) here:	much diditional sheets, y necessary,
,	
	•
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed the date this decrease of State).	date and cannot be more way of days after
the date this document is filed by the Florida Department of State) Dated December 5, 30/4	
Dated December 1	
Signature of a member or authorized Signature of a member of a mem	W. SIMPSOW
Typed or printed n	ame of signee

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE