

Division of Corporations

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L11000014388

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPECTRA GROUP, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPECTRA GROUP, 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 2/1/11 and assigned
Florida document number L11000014388.

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:

(Principal office address **MUST BE A STREET ADDRESS**)

1099 SHOTGUN ROAD

SUNRISE, FL 33326

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1099 SHOTGUN ROAD

SUNRISE, FL 33326

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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CLERK OF THE COURT

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

E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

Dated

Dated X June 1st, 2015

X Robert Dahy

Signature of a member or authorized representative of a member

JOSE ROBERTO DAHER

Typed or printed name of signee

not be listed as the
2015 JUN -2 AM 8:36
SECRETARY OF STATE
ALLAH MOSEER FLORES
the earlier of: