

(Requestor's Name)
(Address)
(Address)
(//dd/033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
V
(N =(N = N = N = N = N = N = N = N = N = N =
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



900408253269

05/08/23--01029--029 **60.00

2023 MAY -8 AM 9: 53

A. RIVERS JUL - 9 2023

COVER LETTER

6 × 10 × 10

Registration Section

TO:

Division of Cor	porations		
SUBJECT: Spectrum R	tecovery Solutions, LLC		
	Name of Lim	ited Liability Company	
mi	A		
	Amendment and fee(s) are sub	_	
Please return all correspo	indence concerning this matter	to the following:	
	David R Llewellyn		
		Name of Person	
	Spectrum Recovery Soluti	ons, LLC	
		Firm/Company	**************************************
	9410 Corkscrew Palms Cir	r. Suite 202	
		Address	
	Estero, FL 33928		
		City/State and Zip Code	
	consciouscounselor@gmail	.com to be used for future annual report noti	E
5 6 1		·	ncation)
For further information c	oncerning this matter, please c	an:	
David R Llewellyn		239 201-7645 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spectrum Recovery Solutions, LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000098732	were filed on 9/01/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MT Mynd, LLC		
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	20937 Country Barn Dr	
(Principal office address MUST BE A STREET ADDRESS)		
	Estero, FL 33928	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20937 Country Barn Dr	
	Estero, FL 33928	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:		mo = 11
New Registered Office Address:	Enter Florida street address . Florida	75 75 PT 10
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j rovided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗀 Add
			□ Renюve
			□Change
			□ Add
			□Remove
			□ Change

		H		
				. _
				
				
· · · · · · · · · · · · · · · · · · ·				<u> </u>
		-		
			· ·	

				,,
ffective date, if other than the	date of filing:		(antio	1 8 }}
ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b	st be specific and cannot be	prior to date of filing o	or more than 90 days after f	iling.) Pursuant to 605.020°
ocument's effective date on the D			ming requirements, this	date will not be fisied as
record specifies a delayed effective is filed.	e date, but not an effect	ive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
	2023			
05/01 ated	·	·		
Dated 05/01	Signature of a member or	·		

Filing Fee: \$25.00