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COVER LETTER

TO:

Registration Section
Division of Corporations

" SPECTRUM REALTY GROUP 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:

REGINA CAMPBELL-TAMBURELLO

Name of Person

THE CAMPBELL LAW GROUP, P.A.

Firm/Company

2000 Ponce De Leon Blvd, Suite 516B

Address

CORAL GABLES, FL 33134

City/State and Zip Code

service@thecampbelllawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Alexander

_{at} 305 328-9506

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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 ARTICLES OF ORGANIZATION **OF**

SPECTRUM REALTY 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 Cor Florida document number <u>L13000168705</u>	mpany were filed on 12/05/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
	·	<u> 2 14 </u>
		· 🛁
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		
		. 5
		. 7
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	<i>SS</i>
	, 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	MaDa	Address	Type of Action
MGRM	Blaine	McRae	3250 N.E. 1st Avenue	Add
			Miami, FL 33137	Remove
		<u>. </u>		Add Remove
				Add Remove
			The state of the s	Add Remove
				Add Remove
				Add Remove
				_

. If amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
ated December 13	2013
aled	' ·/
Marie	Land
Signature of	a member of authorized representative of a member
Rodolfo Manzon	•
/	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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