# 114000102800

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
no#		

Office Use Only



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FILING CANCELLED RETURNED CHECK



AUG 2 7 2014 T. HAMPTON

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: 6985	Abbott, LLC	•	
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing	
	idence concerning this matter	<b>U</b>	
	Jon Shields	3	
	JOH Shields	Name of Person	<del></del>
		Finn/Company	
	9435 Hardi	ng Avenue	
	<del></del>	Address	
	Surfside, F	lorida 33154	
		City/State and Zip Code	
	jon@spectrumd	levgroup.com to be used for future annual report not	(Carlian)
For further information co	ncerning this matter, please ca	•	incation)
			2440
Jon Shield	<del> </del>	<sub>at (</sub> 786 <sub>)</sub> 999-9	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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



August 6, 2014

JON SHIELDS 9435 HARDING AVE SURFSIDE, FL 33154

SUBJECT: 6985 ABBOTT, LLC Ref. Number: L14000102800 FILING CANCELLED RETURNED CHECK

We have received your document for 6985 ABBOTT, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 814A00016826

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# FILING CANCELLED RETURNED CHECK

( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on June 26, 2014	and assigned
Florida document number L14000102800	·	70 <b>-</b>
This amendment is submitted to amend the follows	ing:	ECSTE ANG
A. If amending name, enter the new name of th	e limited liability company here:	26
SPECTRUM RE DEVELOPMENT, L	LC .	SEE SEE
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C." *
Enter new principal offices address, if applicable		0RIG
(Principal office address MUST BE A STREET A	ADDRESS)	P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e <u>address here</u> :	the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City	Zin Code

### New Registered Agent's Signature, if changing Registered Agent:

6985 Abbott, LLC

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

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

MGR = N $AMBR = A$	lanager Luthorized Member		FILING CANCELLED
<u>Title</u>	<u>Name</u>	<u>Address</u>	RETURNED CHECK  Type of Action
			Add
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			Remove

date and cannot be more than 90 days after
ed representative of a member

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Page 3 of 3

Filing Fee: \$25.00