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COVER LETTER

Div	ision of Cor	•		
SUBJECT:	Spectrum R	Renovations AC, LLC		
	Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Larry Brunell		
			Name of Person	
		Spectrum Renovations AC		
		Firm/Company		
		12062 Orange Blvd		
		<u></u>		
		West Palm Beach, Florida		
		City/State and Zip Code		
		brunell83@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Marlene Bru	ınell		561 818-6331 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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 TO ARTICLES OF ORGANIZATION OF

Spectrum Renovations AC, LLC			
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company))	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/31/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	•	
Enter new mailing address, if applicable:		$\widetilde{\mathcal{X}}^{i_{1}}$	
(Mailing address MAY BE A POST OFFICE BOX)			
		¥ 9 77	
		SS	
B. If amending the registered agent and/or regist	ered office address on our records,	enter the name of the new	
registered agent and/or the new registered office addr	<u>ress here</u> :	5.	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address	· •·· · · · · · · · · · · · · · · · · ·	
	, Flor	ida	
	City , FIGE	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

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 Title Name Type of Action Address
12062 Orange Blrd
West Falm Beach, FC 33412. MGR Larry A Brunell ■ Add ☐ Remove ☐ Change West Palm Brach FL 33407. MGR John R Eddy ☐ Remove _□ Change □ Add □ Remove Change ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	LA CALLER
ecti reff	ive date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Pursuan to 605.02
<u>te:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a months on the earlier
rec he	90th day after the record is filed.
ted	Oct 31 2016
	Signature of a member or authorized representative of a member
	Larry ABrurell Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00