LISOU	2108255
(Requestor's Name) (Address)	400307203264
(Address) (City/State/Zip/Phone #)	01/04/1801011011 **105.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	18 JAN 31
Office Use Only	ILED RATES



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2018

TRUDY KNECHT 5730 S SUNCOAST BLVD HOMOSSASSA, FL 34446

SUBJECT: SPECTOR LAND HOLDINGS #1, LLC Ref. Number: L15000108255

We have received your document for SPECTOR LAND HOLDINGS #1, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with 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.

Stacey M Warren Regulatory Specialist II

Letter Number: 418A00000358

www.sunbiz.org

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COVER LETTER



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ARTICLES OF AM	ENDMENT
ТО	
ARTICLES OF ORG	ANIZATION
OF	
(Nume of the Limited Liability Company av (A Florida Limited Liability	
The Articles of Organization for this Limited Liability Company were	file ton June 22 2015 and assigned
Florida document number <u>LISCOOI0825</u> 5	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "LLL"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N

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

Name of New Registered Agent:	Truck Kriecht
New Registered Office Address:	<u> </u>
	<u> </u>
New Registered Agent's Signature, if changing F	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 **Registered Agent**

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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E. Effective of	date, if other than the date of filing:	(optional)	5 0207 (1)(L)
Note: If the	the date inserted in this block does not meet the applicable statutory s effective date on the Department of State's records.	filing requirements, this date will not be list	ed as the
If the record (b) The 90	specifies a delayed effective date, but not an effect the day after the record is filed.	ive time, at 12:01 a.m. on the earli	er of:
Dated	Signature of a thermoer or authorized represent	native of a member	
	organizate of a sterriver of autorized represent		
	Typed or printed name of sig	nec	
	Page 3 of 3		
	Filing Fee: \$25.00		

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

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