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COVER LETTER

TO:	Registrà Division			₩		
CUD IE4	Spe	ctor Pro	perties #13, LLC			
SUBJE	L1:		Name of Lim	ited Liability Company		
The encl	osed Arti	cles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all c	orrespond	lence concerning this matter	to the following:		
			Trudy Knecht, CEO			
				Name of Person		
			Spector Land Holdings	#1, LLC		
				Firm/Company		
			5730 S. Suncoast Blvd			
•				Address		
			Homosassa, Florida 344	46		
				City/State and Zip Code		
			spectorideas@outlook.co			
			E-mail address: (to be used for future annual repo	rt notification)	
For furth	er inform	ation con	cerning this matter, please c	all:		
Trudy K	(necht, C	EO		352 503-20 at ()	099 ext 2	
		Name of P	erson	Area Code D	aytime Telephone Number	Filing Fee, icate of Status & ed Copy
Enclosed	l is a chec	k 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	Certificate of Stat Certified Copy (additional copy is end	us &

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

Spector Properties #13, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Compangue of C	y were filed on June 22, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
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)		×
B. If amending the registered agent and/or registered of	office address on our records, en	ter the name of the I
registered agent and/or the new registered office address he		tel the manne of the l
		ALE SE
Name of New Registered Agent:		Arc Arc
New Registered Office Address:		PR 2
	Enter Florida street address	Do F
	, Florida	The second
	City	Zi Zip Code
New Registered Agent's Signature, if changing Registered Agent	:	×" 2

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
coo	Isaac Spector	5730 S. Suncoast Blvd	□ Add
		Homosassa, Fl 34446	Remove
			Change
coo	Charles Knecht Jr	5730 S. Suncoast Blvd	Add
		Homosassa, Fl 34446	☐ Remove
			☐ Change
	<u></u>		
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Filing Fee: \$25.00