L150001	19099
(Requestor's Name) (Address) (Address) (Address) (City/State/Zip/Phone #)	01/04/1801011011 **105.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	FILED 18 JAN 31 PH 2:52 ALLERASTER STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2018

TRUDY KNECHT 5730 S SUNCOAST BLVD HOMOSSASSA, FL 34446

SUBJECT: SPECTOR LAND HOLDINGS #5, LLC Ref. Number: L15000115099

We have received your document for SPECTOR LAND HOLDINGS #5, 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: 518A00000358

www.sunbiz.org

Division of Comparations DO DOV 6207 Tallahassas Florida 20214

COVER LETTER



ARTICLES OF AMEN	DMENT
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ARTICLES OF ORGAN	IZATION
OF	
(Name of the Limited Liability Company as it now	$\frac{1}{1}$
(A Florida Limited Liability Co	
The Articles of Organization for this Limited Liability Company were filed	Ion July 2 2015 and assigned
Florida document number LIS COO [15099]	,,,,,,,,,,,,,,,_,,_,,,,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Compa-	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	

	白銀 18
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addr	
B. If amending the registered agent and/or registered office addr registered agent and/or the new registered office address here:	ess on our records, enter the name of the new
registered agent shows the new registered white aloness here.	****** C 1
	Knecht
Name of New Registered Agent:	
New Registered Office Address: 5130	<u>B. S. j. izc. St. (S) V.c./</u> mer Florida street address
Homeas	<u> Same</u> , Florida <u>34446</u>
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 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

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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Title	Name	Address		Type of Action
Agent	Trucky Knicht	<u>5130 S</u>	Survey Bluch	��Add
CEO		House	554, FL 34141-16	Remove
		···		Change
_P	Robert Specier	5130 5	Suncoast Bivel	🛄 🗹 Add
		Humos	359, FI 34446	Remove
				Change
VP_	Curol Specitor	<u>5730 S.</u>	Sincosist Blud	ÆKAdd
		Hemoisci	5-5-1, FI 3-1-146	🗆 Remove
				Change
002	Issial Spectur	5730 5	Surverst Blud	[XAdd
		Homosa	\$25, F1 34446	🗆 Remove
				Change
Agent	Stronon Diveill	<u>5730 S.</u>	Enourant Bud	🗆 Add
		Humo 5	1591,F1 3-1446	Remove
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E Effort	ive date, if other than the date of filing: $ 2 32 3$	017 (optional)	
(If an eff	fective date is listed, the date must be specific and cannot be prior to date of filin	or more than 90 days after filing.) Pursuant to 605	5,0207 (3)(b)
<u>Note:</u> docum	If the date inserted in this block does not meet the applicable statutory ent's effective date on the Department of State's records.	filing requirements, this date will not be list	ed as the
If the rea	cord specifies a delayed effective date, but not an effect	he time at 12:01 a m on the earli	er of:
(b) The	90th day after the record is filed.		
Dated	<u></u>		
	A IN SE	+~	
	Signature of a member or authorized represent		
	signature of a member of authorizer represen-	anve of a member	
	Rubert Spect		
	Typed or printed hance of sig	iee	
	Page 3 of 3		
	Filing Fee: \$25.00		
	rmag rec: 325.00		

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

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