

L16 0000 45464

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMJ FEDERAL CONTRACTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCSON PETIT-FRERE

Name of Person

SPECTRUM PRO PAINTING L.L.C.

Firm/Company

Equan Shabazz

2535 SHEILA DR

Address

APOPKA FL, 32712

City/State and Zip Code

LUCSONPETITFRERE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCSON PETIT-FRERE

407 259-9954
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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)

☐ \$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**

DMJ FEDERAL CONTRACTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/04/2016 and assigned
Florida document number L16000045464.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SPECTRUM PRO PAINTING L.L.C.

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

2535 SHEILA DR

APOPKA FLORIDA 32712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2535 SHEILA DR

APOPKA FL, 32712

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

Name of New Registered Agent:

LUCSON PETIT-FRERE

New Registered Office Address:

2535 SHEILA DR

Enter Florida street address

APOPKA

City

Florida

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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
CEO	LUCSON PETIT-FRERE	2535 SHEILA DR	<input type="checkbox"/> Add
		2535 Sheila DR Apopka Fl 32712	<input checked="" type="checkbox"/> Add
	GEDEON DANIEL	1608 Regal Cove CT	<input type="checkbox"/> Remove
		Kissimmee, Fl. 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUNIOR JULIAN	3012 REDOAKS LN	<input type="checkbox"/> Add
		Orlando Fl. 32818	<input checked="" type="checkbox"/> Add
	GUTIEREZ MARIO	1608 Regal Cove CT	<input type="checkbox"/> Remove
		Kissimmee, Fl. 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DERRICK LAMBERT	4508 L. MARTIN LANE APT G	<input type="checkbox"/> Add
		Orlando Fl 32808	<input checked="" type="checkbox"/> Add
	Equan S. Shabazz	5504 Pine Chase DR Apt 1	<input type="checkbox"/> Remove
		Orlando, Fl 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

Add - CEO - Lucson PETITFRERE,

2535 Sheila DR Apopka FL 32712

Remove - CEO - Gedeon Daniel

1608 Regal Cove CT

Kissimmee FL 34744

Add - MGR ~~Junior~~ Julean

3012 Redoaks Ln

Orlando FL 32818

Remove MGR Gutierrez Mario

1608 Regal Cove CT

Kissimmee FL 34744

Add MGR Derrick Lambert
4508 Lake Martin Lane Apt 6
~~Orlando~~ O

Orlando FL 32808

Remove MGR Eguan Shabazz 5504 Pine Chase DR Apt 1

Orlando FL 32808

E. Effective date, if other than the date of filing: 03/05/2016 (optional)

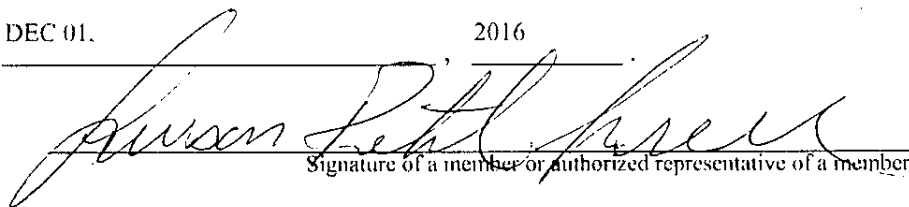
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DEC 01,

2016


Signature of a member or authorized representative of a member

LUCSON PETIT-FRERE

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA