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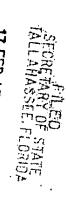


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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|---------|--------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------|
| CHIDA | DOT. | 1801 SPE | ECTRUM, LLC | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | | |
| | | Amendment and fee(s) are sub | - | | |
| | | | Eric A. Jacobs, Esq. | | |
| | | · · · · · · · · · · · · · · · · · · · | Name of Person | | |
| | | | NEXTERRA LAW | | |
| | | | Firm/Company | | 1 至 |
| | | 169 | 01 Michigan Avenue, Suite 360 | | 田田 |
| | | | Address | · · · · · · · · · · · · · · · · · · · | |
| | | | Miami Beach, FL 33139 | · | FEB 17 MID: 27 |
| | | | City/State and Zip Code | | ā, |
| | | | jacobs@nexterralaw.com to be used for future annual report no | tification) | 27 |
| For fin | rther information co | oncerning this matter, please call | · | meanony | |
| | Ron A | , | 954 | 556-6709 | |
| | Name of | | at () | ne Telephone Number | |
| Enclos | sed is a check for th | e following amount: | | | |
| \$2 | 5.00 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 Sta Certified Copy (additional copy is en | |
| | | NG ADDRESS: | STREET/COUR Registration Secti | IER ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1801 SPECTRU | M, LLC | | |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|----------------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears of oility Company) | n our records.) | |
| The Articles of Organization for this Limited Liability Company we | ere filed on | 01/19/2017 | and assigned |
| Florida document numberL17000015158 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabilit | y company here | • | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the desi | gnation "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | - | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u> </u> |
| _ | | | 7 59 |
| | | | E SE |
| Enter new mailing address, if applicable: | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 77 |
| | | | III 10: 27 |
| | | | 27 |
| B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: | e address on o | ur records, <u>enter</u> | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida | street address | |
| | | , Florida | |
| | 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

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> | Type of Action | |
|--------------|--------------------|----------------------|----------------|--|
| MGR | ANTEVY, JONATHAN N | 1800 NW 69TH AVENUE | | |
| | | SUITE 201 | □ Remove | |
| | | PLANTATION, FL 33313 | Change | |
| MGR | ANTEVY, RON | 1800 NW 69TH AVENUE | □ Add | |
| | | SUITE 201 | ☐ Remove | |
| | | PLANTATION, FL 33313 | ■ Change | |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
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| E. Effective date, if other than the date of filing: | 5.0207 (3)(b ed as the | |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed. | er of: | |
| Dated February 13, 2017. | | |
| Signature of a member or authorized representative of a member | | |
| Ron Antevy | | |
| Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00