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(Requestor's Name)	
(Address)	
	Address)	
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COVER LETTER

TO: Registration Se Division of Cor		·	
SUBJECT:	et(opolitan Name of Limi	Home Indicated Liability Company	Spector LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Marsh	Name of Person	<u> </u>
	Metropol	Firm/Company	inspector LLC
	5360	Olancha R Address	bad
		Manoz, Flone City/State and Zip Code	
	E-mail address: (i	n Space of Q moo o be used for future annual report not	al.Com
For further information co	oncerning this matter, please ca	dl:	
Car Name o	elo (Vasct Person	at (407) 361 Area Code Daytin	- 2033 ne Telephone Number
Enclosed is a check for th	ne 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

(Name of the Limited Liability Com	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LUT000 [97 [2</u> 4	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 70
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	C1
Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent: New Registered Office Address: 53	office address on our records, enter the name of the new ere: and Clasch Enter Florida street address Manon Florida 33523 Zip Code
	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 Type of Action Title Name Address Marsha Cuasart 5360 Manche Road Madd

Ridge Manon Fl. 33523 Remove ☐ Change Mgr. Carmelo Cusset 5300 Olanda Road DAdd Ride Maron, F1. 33523 PRemove ☐ Change □ Add Remove □#Add -Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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ective date, if other than the effective date is listed, the date muter. If the date inserted in this burnent's effective date on the f	ust be specific and cannot be block does not meet the ap	prior to date of filing or r oplicable statutory fili	(option: nore than 90 days after fili ng requirements, this da	ng.) Pursuant to 605.020
record specifies a delaye he 90th day after the rec		t not an effective	time, at 12:01 a.n	i. on the earlier o
ed 11/13/18	. 20	>18.		
	Signature of a member or		<u> </u>	

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Filing Fee: \$25.00