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### **COVER LETTER**

TO: Registration S Division of Co				
SpectraShi	ield Holdings, LLC			
30bJEC1:	Name of Lin	nited Liability Company	·	
	Amendment and fee(s) are sub ondence concerning this matter	_		
	James M. Hume			
	<del></del>	Name of Person	*-1	
	SpectraShield Holdings, L			
	PO Box 4527 Sunbeam R	Firm/Company oad		APPI 2015 KAR PECAR VALLAR
	Jacksonville, FL 32257	Address		APPROVED PH 1: 19 2019 MAR 26 PH 1: 19 180 STATE STATE
	jhume@spectrashield.com	City/State and Zip Code		K. 19
	E-mail address: (	to be used for future annual report notif	ication)	•
For further information of	oncerning this matter, please c	all:		
James M. Hume		904 419-4889 at ( )		
Name o	rf Person		Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate of Certified Contact (additional contact)	of Status &
	INVA A BEREZO			

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

SpectraShield Holdings, 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  $\frac{1/16/18}{}$ and assigned Florida document number L18000011747 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 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: New Registered Office Address: Enter Florida street address City

#### 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>	Address	Type of Action
MGR	Donald C. Wiggins	4417 Beach Blvd. #302	
			□ Add
		Jacksonville, Fl. 32207	■ Remove
			Change
MGR	Steven Jenkins	4527 Sunbeam Road	
		Jacksonville, F1, 32257	
			■ Remove
			Change
MGR	Gregory Reynolds	4527 Sunbeam Rd.	<b>≘</b> Add
<del></del>		Jacksonville, FL 32257	
			2012 HAR 22 ge
MGR	Susan Malone	4527 Sunbeam Rd.	2 P
	-	Jacksonville, FL 32257	De Add De Ad
			□ Change
			Add
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(H'an effi	ve date, if other than the date of filing:	g.) Pursuant to 605	.0207 (3)(h) ed as the
docume	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie	er of:
docume f the rec b) The		on the earlie	er of:
documents of the rec	90th day after the record is filed.	on the earlie	er of:

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00