

**L1800011747**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPECTRASHIELD HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

**COVER LETTER**

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**TO: Registration Section  
Division of Corporations**

**SUBJECT: SpectraShield Holdings, 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:

Ellen Prescott

Name of Person

Burr & Forman LLP

Firm/Company

420 No. 20th St., Ste. 3400

Address

Birmingham, AL 35203

City/State and Zip Code

hume6979@yahoo.com

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

For further information concerning this matter, please call:

Ellen Prescott

at (205) 458-5115

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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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 01/16/2018 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:**

Hume Holdings, LLC

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:

215 County Rd. 13 S.

(Principal office address MUST BE A STREET ADDRESS)

Saint Augustine, FL 32092

Enter new mailing address, if applicable:

215 County Rd. 13 S.

(Mailing address MAY BE A POST OFFICE BOX)

Saint Augustine, FL 32092

**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:

James M. Hume

New Registered Office Address:

215 County Rd. 13 S.

*Enter Florida street address*

Saint Augustine

Florida

*City*

32092

*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.*

DocuSigned by:

James M. Hume

B1618AD001864EC

If Changing Registered Agent, Signature of New Registered Agent

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As an 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gregory Reynolds	4527 Sunbeam Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James M. Hume	215 County Rd. 13 S.	<input type="checkbox"/> Add
		Saint Augustine, FL 32092	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Susan Esco	4527 Sunbeam Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan Hume	215 County Rd. 13 S.	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32092	<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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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

(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)

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 May 23, 2024

- Downloaded by:

James M. Hume

Signature of a member or authorized representative of a member

James M. Hume

Typed or printed name of signee

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**Filing Fee: \$25.00**