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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
<u>—</u>	_	_
(Bu	isiness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 MAY - 3 AM 8: 61

N COOPER MAY 07 2018

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Spewise De	esign		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndese concerning this matter	to the following:	
-		John:A. Sachs		
			of Person	
		Specwise Design:		
			Firm/Company	
		968 Clydesdale Dr.		
			Address	
		Loxahatchee, Ele., 33470		
			Address City/State and Zip Code .com . ess: (to be used for future annual report notification) see call: at (·
	Specwise Design: Firm/Company 968 Clydesdale Dr. Address Loxahatchee, E.F., 33470 City/State and Zip Code johns@specwisedesign.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Solution Name of Person: Area Code Daytime Telephone Notice of the content of th	(ration)		
For further in	nformation co		•	.canon,
John A. Saci	าร			15-6169
	Name of	Person		Telephone Number
Enclosed is a	check for th	e lellering amount:		
च	iling Fee.	☐.\$30.00 Filing Fee & Certificate of Status		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**

Specwise Design, LLC	and a it now appears on our records.	
(Name of the Limited Lisbility C. (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Com- lorida document number L18000104272	pany were filed on 4/25/2018	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new home of the limited	liability company here:	
N/A		
e new name must be distinguishable and contain the words "Limited	Liamus, Company," the designation "LLC" of	or the abbreviation "L:L:C."
nter new principal offices address, if applicable:	NA	
rincipal office address MUST BE A STREET ADDRES	<u> </u>	
		HA ION
		OF AR
nter new mailing address, if applicable:	N/A	æ R
Tailing address MAY BE A POST OFFICE BOX)	,	STA ORA
		## ## ## ## ## ## ## ## ## ## ## ## ##
If amending the registered agent and/or register gistered agent and/or the new registered office address Name of New Registered Agent:		
Nov. Barrier 100° All		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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>	Address	Type of Action
MGR	Kelly C. Sachs	968 Clydesdale Dr.	Add
		Loxahatchee, FL 33470	■ Remove
~ ~			
MGR	John A. Sachs	968 Clydesdale Dr.	Add
		Loohatchee, FL 33470	□ Remove
			.□ Change
			Add
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fective date, if other than the described in effective date is listed, the date must lete: If the date inserted in this block cument's effective date on the Dep	be specific and cannot be proceed the app	rior to date of fil	ing or more than 9	(optiona 00 days after fili ments, this da	ng.) Pursuant t	o 605.02 Plisted
record specifies a delayed of the 90th day after the record	effective date, but and is filed.	not an effec	ctive time, at	: 12:01 a.m	ı. on the e	arlier.
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Page 3 of 3

Filing Fee: \$25.00