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(Requestor's Name) (Address)	300316037043			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	07/26/1801004027 +*25.00			
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COVER LETTER

TO: Registration Section

Division of Corporations

SPECTRUM WIREWORKS LLC

SUBJECT:

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:

Fred A. Ellis

Name of Person

SPECTRUM WIREWORKS LLC

Firm/Company

4632 Ramona Blvd

Address

Jacksonville, FL 32205

City/State and Zip Code

matt@spectrumwireworks.com

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

DU0

For further information concerning this matter, please call:

Matthew E. Bort

Name of Person

at (_____) _____ Area Code Daytime Telephone Number

982-5422

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

SPECTRUM WIREWORKS 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 07/18/2018	and assigned
Florida document number L18000142842	

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	mailir	ig ado	iress	i, i	if applicable:	
(Maili	no a	1dross	MAV	RF	А	POSTOFFICE	ROV

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida

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

S

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	MATTHEW E. BORT	4743 Polaris Street	🖬 Add
		Jacksonville, FL 32205	Remove
			Change
	<u></u>		🗆 Add
			Remove
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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: _______(optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____

2018

Signature of a member or authorized representative of a member

Fred A. Ellis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00