

L18000155370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

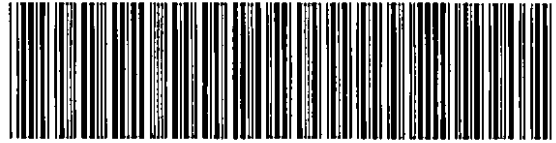
(Business Entity Name)

(Document Number)

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R. WHITE
MAY 18 2020

2020-05-18 11:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPECTRA INTERNATIONAL, 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:

ZACHARY BATES

Name of Person

SPECTRA INTERNATIONAL LLC

Firm/Company

230 EAST PARK AVENUE, SUITE 32

Address

LAKE WALES, FL 33853

City/State and Zip Code

SPECTRAINTERNATIONALLLC@GMAIL.COM

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

For further information concerning this matter, please call:

ZACHARY BATES

863

949 - 0863

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

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

SPECTRA INTERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019.11.11 - 6:11:23

The Articles of Organization for this Limited Liability Company were filed on JUNE 25, 2018 and assigned
Florida document number L18000155370.

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:

230 EAST PARK AVENUE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 32

LAKE WALES, FL 33853

Enter new mailing address, if applicable:

230 EAST PARK AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 32

LAKE WALES, FL 33853

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:

230 EAST PARK AVENUE, SUITE 32

Enter Florida street address

LAKE WALES

City

Florida 33853

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ZACHARY BATES	230 EAST PARK AVENUE	<input type="checkbox"/> Add
		SUITE 32	<input type="checkbox"/> Remove
		LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change
MGR	JAKE DAVIS	230 EAST PARK AVENUE	<input type="checkbox"/> Add
		SUITE 32	<input type="checkbox"/> Remove
		LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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.

Dated APRIL 21

2020

Signature of a member or authorized representative of a member

ZACHARY BATES

Typed or printed name of signee

Filing Fee: \$25.00