# Division of Corporations Electronic Filing Cover Sheet

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Account Number : I20150000038 : (305)485-9700 Fax Number : (813)492-8840

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEYOND SPECTRUM ACADEMY LLC

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A. LUNT

TO:	Registration Sec Division of Corp			
SUBJI	2 6 1911 v	PECTRUM ACADEMY LLC		
SUBJI	sct:		ited Liability Company	
		Amendment and tec(s) are subnidence concerning this matter	•	
		BARBARA LABRADOR		
			Name of Person	
		SANCHEZ VADILLO LL	.P	
			Firm/Company	
		11402 NW 41 STREET SU	JITE 202	
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		Corporations@svlawus.com		
		E-mail address: (	to be used for future annual report no	tification)
For fur	ther information co	oncerning this matter, please c	all:	
BARB	ARA LABRADOI	₹	305 4361410	
	Name of	Person		ne Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>≡</b> S2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (add:tional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>u</u>	Street Address:	

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

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

2021 NO	15 to	THE CALL
1	2 23	01 2021
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BEYOND SPECTRUM ACADEMY	LLC		<b>₽</b> 30
(Name of the Limited (A	Liability Company as it now a Fiorida Limited Liability Comp	appears on our records.)	一号。二
		on 07/06/2018	and assigned
Florida document number L18000164401			-
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability compa	ny here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company."	"the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address if applicable			
•			
Estanting maters street bit A POST OFFICE BO	<u></u>		
	<del></del>		- <del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address by	istered office address on o <u>tere</u> :	our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
_	(Name of the Limited Liability Company as it now appears on our records.)  (A Fiorida Limited Liability Company)  les of Organization for this Limited Liability Company were filed on 07/06/2018 and occument number Li8000164-01  andment is submitted to amend the following:  ending name, enter the new name of the limited liability company here:  me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation or principal offices address, if applicable:  I office address MUST BE A STREET ADDRESS)  we mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  ending the registered agent and/or registered office address on our records, enter the name of the Wor the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		
	City		Zin 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.

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II 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	BARBEYTO, MARIA LUCIA	11256 sw 238 st Homesteed, FL 33032	□Adč
			□ Change
MGR	YUSELY ALVAREZ	11256 sw 238 st Homestead, FL 33032	<b>=</b> Add
			□Remove
			Change
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Effective date, if other than the date of (If an effective date is listed, the date must be spec Note: If the date inserted in this block does	ific and cannot be prior to dat	(o e of fiting or more than 90 days restatutory filing requirements	ptional)  ifter filing ) Pursuant to 505.( this date will not be listed	0207 ( d as t
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the record specifies a delayed effective date, bord is filed.	ut not an effective time, a	t 12:01 a.m. on the earlier of	: (b) The 90th day after	the
Dated OCTOBER 20	2021			
	DocuSigned by:			
Signatur	e of a meelfter हा जातीर वितंत्रवर्व	representative of a member		
BLUMTRITT, CESAR EDMUI	NDO			
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