# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : 120050000094

Phone

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPEKTRUM LIFE LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

DEC 1 1 2019

A. LUNT

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### Spektrum Life LLC

(Name of the Limited Liability	ompany as it now appears on our records.) mited Liability Company)
(A) William	med Basin's Seasons,
The Articles of Organization for this Limited Liability Co.	pany were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	l liability company here:
The name must be districtively and contain the words "Limit	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	SS)
	5 TO 1
Enter new mailing address, if applicable:	mc 3
(Mailing address MAY BE A POST OFFICE BOX)	75 %
	- O:- U
	S the second
B. If amending the registered agent and/or registered agent and/or the new registered office addr	red office address on our records, enter the name of the is here:
Name of New Registered Agent:	
New Registered Office Address:	
11071114011111	Enter Plorida street address
_	, Florida
	Clty 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 = Anthorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Guaty, Tiffany	1500 Bay Road	Add
		Miami Beach, FL 33172	Remove XXX
			Change
MGR	Guaty, Julio	1500 Bay Road	
		Miami Beach , FL 33139	Remove XXX
			Change
MGR	JT Guaty Enterprises Corp	90 SW 3RD ST, #2311	Add XXX
		MIAMI, FL 33130	) Ro <del>mb</del> ue
			Rombve
			SSEADO A S
			— accusors R
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II an ci Note:	tive date, if other than the date of filing:
he re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	12/7/18
	_
)	Signature of a member or authorized representative of a member
	Tiffany Guaty