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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spektrum Life 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:	
Tiffany Guaty Name of Person	
Spektrum Life LLC Firm/Company	
1500 Bay Rd Unit 1014 Address	
City/State and Zip Code +iffany@Spektrumlife.(om E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tiffany Ewaty at (786) 614-6144 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$	f Status & py

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

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Spektrum Lif	e LLC
	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 10/14/18 Sand assigned
Florida document number <u>L18000243145</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ifity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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.

City

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	JT Guaty Enterprises Corp	90 SW 3rd St 42311 Miami, FL 33130	
			Remove
MGR	Tiffany Guaty	90 SW 3rd St. #2311 Mam. FL 33130	Ádd
			□Remove
			□Change
			□Remove
			□Change
			□Add
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ecord s is filed.		yed effective d	late, but not	an effective	: time, at 12:0	l a.m. on the	earlier of: (b) The 90th day	after the
ted	July	20		. <u>2020</u>	<u>2</u> .				
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