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(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

	zistration S rision of Co			
SUBJECT:	SPEC TRU			
		Name of Li	mited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspo	ondence concerning this matte	er to the following:	
		Cosay Altug		
			Name of Person	
		Spec Truss LLC		
			Firm/Company	
		3400 45th Street		
			Address	
		West Palm Beach, FL 33-	107	
		josh@ustruss.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further inf	ormation co	oncerning this matter, please c	all:	
Cosay Altug			954 292-0747	
	Name of	Person		Telephone Number
Enclosed is a c	theck for the	e following amount:		
□ \$25,00 Fit		目 \$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:

TO:

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

SPECTRUSS LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on No ember 13, 2018	and assigned
Florida document number L18000265625		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3400 West 45th Street	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33407	2019 TA
		SEP SEP
Enter new mailing address, if applicable:	3400 West 45th Street	P-6 A
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33407	<u> </u>
		£ 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>en</u> <u>e</u> :	iter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	
Jan Davistonal A	Cuk	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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	COSAY ALTUG		
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			□ Remove
			□ Change
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Page 3 of 3

Filing Fee: \$25.00