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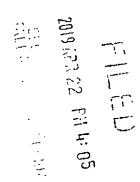
(Requestor's Name)	
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COVER LETTER

IO: Registration 8 Division of Co		•	
Spectrum SUBJECT:	Holdings Group, LLC		·
	Name of Lir	nited Liability Company	470
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Evelyn Parrado		
	Spectrum Holdings Group	Name of Person D. LLC	
	3145 NE 2nd Dr	Firm/Company	
	Homestead, FL 33033	Address	
	evelyn_parrado@yahoo.coi	City/State and Zip Code	···
	E-mail address: (to be used for future annual report notif	ication)
for further information (concerning this matter, please c	all:	
Evelyn Parrado		305 469-1270 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records.)	
(A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.19000098236	pany were filed on 04/09/2019	and assigned
torida gocument number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		10 00 -11
	-	
nter new mailing address, if applicable:		3 /
Aailing address MAY BE A POST OFFICE BOX)		10 - T. 1
		Ŧ.
	-	25
. If amending the registered agent and/or registered	d office address on our records, g	enter the name of the
gistered agent and/or the new registered office address	here:	
Numa aCN D. Jac 1 A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Evelyn Parrado	3145 NE 2nd Dr. Homestead, FL	-
		33033	B Add
			Change
MGR	Christopher Ron	13818 SW 152nd St, Suite 211, Miami, FL 33177	
		 	a n
			Change
T	Christopher Ron	13818 SW 152nd St, Suite 211, Miami, FL 33177	■ Add
			□ Remove
			Change
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L'éfective d	lata if athan thun the date of fil	·			
(If an effective Note: If the	late, if other than the date of fili e date is listed, the date must be specific a e date inserted in this block does not seffective date on the Department of	and cannot be prior to date t meet the applicable st	of filing or more than 90 c	_ (optional) lays after filing.) Pursuant to 60; ents, this date will not be list	5,0207 (3 ed as th
the record) The 90t	specifies a delayed effective th day after the record is filed	e date, but not an d d.	effective time, at 1	2:01 a.m. on the earli	er of:
Dated					
	Teleby Con Signature of	rical.			
	U Signature of	a member or authorized i	epresentative of a membe	· -	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00