

219 000 219 636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

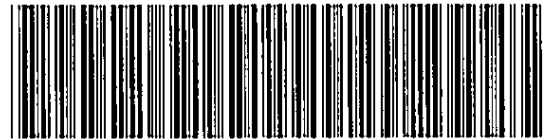
(Business Entity Name)

(Document Number)

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JAN 26 2022
A. BUTLER

A. BUTLER
JAN 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPECTRUM OPTICAL 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:

Margarita Martin

Name of Person

TAX MEDIC

Firm/Company

7911 NW 72 AVE SUITE 219B

Address

MEDLEY FL 33166

City/State and Zip Code

TAXMEDIC911@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARITA MARTIN 305 699-4077

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

SPECTRUM OPTICAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/28/2019 and assigned Florida document number L19000219636.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OCEAN WELLNESS CENTER LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

18441 NW 2ND AVE

SUITE 218

MIAMI GARDENS, FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18441 NW 2ND AVE

SUITE 218

MIAMI GARDENS, FL 33169

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TAX MEDIC CORPORATE SERVICES LLC

New Registered Office Address:

7911 NW 72 AVE SUITE 219B

Enter Florida street address

MEDLEY

City

Florida 33166

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXANDER MARTINEZ	18441 NW 2ND AVE SUITE 218	<input type="checkbox"/> Add
		MIAMI GARDENS FL 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MIGUEL A TRUJILLO PEREZ	18441 NW 2ND AVE SUITE 218	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ALEXANDER MARTINEZ	4011 SW 59 TERRACE	<input type="checkbox"/> Add
		WEST PARK, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

1-11-2022

Typed or printed name of signee