Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6383 .

From:

Account Name : RAFAEL ACCOUNTING TAX

Account Number : I20130000095 Phone : (305)558-1685 Fax Number : (305)558-4835

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPECTACULAR DESIGNS BY SOL LLC

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

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Corporate Filing Menu

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FEB 0 5 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPECTACULAR DESIGNS I		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Clorida document number <u>L20000030003</u> .	FLORIDA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>y here</u> :	
SPECTACULAR BY SOL LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4
Principal office address MUST BE A STREET ADDRESS)		020
	<u> </u>	
	• ,	1
Enter new mailing address, if applicable:	· -	
(Mailing address MAY BE A POST OFFICE BOX)	-	
Training assuress PM11 DE 111 OBY OX 1110D DOIN		
	- 3 :	rs
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the na</u>	ime of the new regis
Name of New Registered Agent:		
New Registered Office Address: Enter	r Florida street address	
	. Florida	
City	1 2 302 148	Zip Code

New Registered Agent's Signature, it 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>	Address	Type of Action
			□Remove
			□Change
			□ Add
	•		□Remove
			GChange
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			□Remove
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			□ Add
			□ Remove
			☐ Change
			□Remove
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			□Remove
			□ Change

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effect (If an eff	ive date, if other than the date of filing: (optional) fective 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.	the
lf the recor	rd 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 led.	
Dated	FEBRUARY 02 2020	
	Signature of a member or butthorized representative of a member	
	Signature of a member of authorized representative of a member	

Typed or printed name of signee