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.

(((H20000081843 3)))



H20000081B433ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RAFAEL ACCOUNTING TAX

Account Number : 120130000095 : (305)558-1685 Phone : (305)558-4835 Fax Number

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

C-4:1	Address:			
PKIALL	MUDICESS.			

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

	WHITE
0	Mu.
1	2020
V	AR 1 3 2020

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

110723	
-	÷
	-
`)
	:
• • •	
Ö	
2	

ייט	
Ŋ	
ထ်	
1T.	
\sim 1	

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

···•

SPECTACULAR BY	7 SOL LLC 7076 12 61 0:02
(Name of Corporation as current	ly filed with the Florida Dept. of State)
L200000	030003
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	755 NW 72 AVE PLAZA 21
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33126
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	755 NW 72 AVE PLAZA 21
(Mulling address MAT BE A POST OFFICE BOA)	MIAMI FL 33126
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida si	trect address)
New Registered Office Address:	, Florida
The Manual of the State of the	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it: with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>У</u> <u>Мі</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			· ·
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			~
O Change			
Add			
Remove			

" turgett mantitotimi pirecto, il treccopiti).	(Be specific)	<u>) here</u> :		
			-	
				~
	•			
				<u> </u>
			···	
				<u> </u>
				-
·				

<u></u> .				
			···-	
If an amendment provides for an exc provisions for implementing the am	<u>bange, reclassificatio</u> endment if not conta	<u>n, or cancellation c</u> Ined in the amenda	f issued shares, ent itself:	
(if not applicable, indicate N/A)				
<u> </u>				
			· · · · · · · · · · · · · · · · · · ·	· -

•

.

The date of each amendment(s) adoption: 02/28/2020 if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
02/28/2020 Dated
Signature
By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
SOLANGE PRIETO
(Typed or printed name of person signing)
MGR
(Title of person signing)