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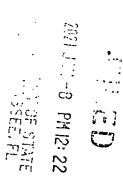
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	
PICK-UP	WAIT	MAłL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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4.5

•	. COVER LETTER
	Registration Section Division of Corporations
SUBJEC	T: SPECTRUM 8 CBD LLC Name of Limited Liability Company
	urn all correspondence concerning this matter to the following:
	Hunter Deloughn Name of Person
	SPECTRUM 8 CBD LLC Firm/Company
	8094 Code PKWY blud W 097#5211 Address
	Jacksonville, Fl 32216 City/State and Zip Code hunter @ Spectrum - 8 com
For furthe	E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:
Hu	Name of Person at (888) 758 7973 Area Code Daytime Telephone Number
	is a check for the following amount: 00 Filing Fee Secutificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee Secutificate of Status Certified Copy (additional copy is enclosed)
F	Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Pectrum 8	CYSU.LL				
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records,) ipany)				
The Articles of Organization for this Limited Liability Company were filed	on	and assigned			
Florida document number <u>L 20000 394497</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability compa	any here:				
The new name must be distinguishable and contain the words "Limited Liability Company	," the designation "LLC" or the abbr	eviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		· ·			
- ii					
Enter new mailing address, if applicable:	<u>:</u>	7621			
(Mailing address MAY BE A POST OFFICE BOX)	1-				
(muning unitess MAT BL A POST OF FICE BOA)		CO .			
B. If amending the registered agent and/or registered office address on	1717.	of the new registere			
agent and/or the new registered office address here:		N			
	<u>, m</u>	2			
Name of New Registered Agent:					
New Registered Office Address:		_			
	ter Florida street address				
	, Florida				
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.

11 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>	Name	Address	Type of Action
AMBR	Hunter Delbughn	340 S Lemon Ave #9309	□Add
		Walnut, CA 91789	□Remove
			L. Change
AMBR	Kadir Catikkaya	340 5 Lemon Ave #9309	Ľj Add
	_	walnut, CA 91789	□Remove
	<u>-</u>	 	□Change
			🗀 Add
			□Remove
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			□ Change

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ote:	five date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicabment's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (le statutory filing requirements, this date will not be listed as t
record is file	ord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	January 05 , 2020	- •
	Signature of a member or authorize	zer epresentative of a member