

2/16/22 5:48 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000267119

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
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Fax Number : (214)317-4754

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPECTRO MAGIC TRAVEL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

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To: 18506176383 From: 12147128131 Date: 02/16/22 Time: 1:50 PM Page: 02/05

2/16/22 5:48 AM

Division of Corporations

Estimated Charge	\$25.00
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H22000061374 3)))

Spectro Magic Travel Group, 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 06/08/2021 and assigned
Florida document number L21 000267119

This amendment is submitted to amend the following:

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

Spectro Travel Group 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)

19390 Collins Ave

Unit 1502

Sunny Isles, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19390 Collins Ave

Unit 1502

Sunny Isles, FL 33160

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:

New Registered Office Address:

Enter 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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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