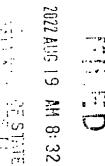
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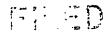
Registration Section

TO:

Divi	ision of Cor	porations				
	BM SPECT					
SUBJECT:	Name of Limited Liability Company					
The enclosed	i Articles of .	Amendment and fee(s) are sub	muted for films			
Please return	all correspon	ndence concerning this matter	to the following:			
		MIRELY'S BECOUER				
			Name of Person			
		MIRELYS BECQUER				
			Firm Company			
		1509 SW DEL RIO BLVD)			
			Address			
		PORT SAINT LUCIE, FL	34953			
			City State and Zip Code	<u>.</u>		
		MIRELYSB_83@ YAHOO	.COM			
		h-mail address. (to be used for future annual report not	fication)		
For further in	itormation co	meerning this matter, please ea	all·			
MIRELYS E			305 300-5885			
Name of Person		Person	at () Area Code Daytim	e Telephone Number		
Unclosed is a	check for th	e following amount				
■ \$25,00 F	filing Fee	[7] \$30.00 Filling Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
Reg Div P.C	iling Address gistration S vision of C), Box 632 lahassee, F	Section orporations 7				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



BM SPECTRUM, LLC

2022 AUG 19 AH 8: 32

SUSTITE

	(A Florida Limited Liability Company)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
The Articles of Organization for this Limited	Liability Company were filed on $\frac{0.6(10.2)}{10.2}$	•
forida document number L22000352282		
his amendment is submitted to amend the fe	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "funited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if app	licable:	
Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFIC	E BOX)	
3. If amending the registered agent and/or agent and/or the new registered office add	• •	ds, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		. Florida Zip Code
	Ciŋ	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 hability company has been notified in writing of this change.

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
MGR	MIRELYS BECQUER	1569 SW DEL RIO BLVD PT. ST. LUCIE, FL 3495	
			= Remove
			IChange
AMBR	MIRELYS BECQUER	1509 SW DEL RIO BEVD PT. ST. EUCHI, FL 3495	
			= Remove
			IChange
			TAdd
			= Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
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			□Remove
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	ſ	08-10-2022				
	date of filing: _		form of films		ional) - Glora y Porcesson to 605	อวก
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ffective date, if other than the an effective date is listed, the date musote: If the date inserted in this blocument's effective date on the Director specifies a delayed effective is filed. August 15	st be specific and car ock does not mee epartment of Star ee date, but not an	t the applicable's records. effective time	e statutory filing e at 12.01 a.m. or	requirements, th	is date will not be liste b) The 90th day after	

Filing Fee: \$25.00