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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
NI DINAM	Spectacular	Trans LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	,	Antonine Edouard		
	Name of Person			-
	Spectar	eular Trans LLC		
	Firm/Company			_
	1560	94 SW 53rd Court		•
		Address		- ; ;
	Miramar, FL 33027			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		City/State and Zip Code		_
		fjean37907@aol.com		·· ·
	E-mail address: (to be used for future annual report no	otification)	
For further information e	oncerning this matter, please c	all:		
Antonine	Edouard	786 262 6537		
Name of Person		Area Code Dayti	me Telephone Numbe	r
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres Registration S	Section	Street Address: Registration S		
Division of C		Division of Co The Centre of	•	
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

Spectacular '			
(<u>Name of the Limi</u>	ted Liability Company (A Florida Limited Liab	as it now appears on our roulity Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L23000115818	iability Company we	ere filed on 03/06/2023	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabilit	v company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
Principal office address MUST BE A STREE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
	_		t t
Enter new mailing address, if applicable:	_		·
Mailing address MAY BE A POST OFFICE	BOX)		
			2
	-		
B. If amending the registered agent and/or in sigent and/or the new registered office addre		iress on our records, <u>c</u>	enter the name of the new(regist
Name of New Registered Agent:		Antonine Edouard	
New Registered Office Address: 15604		15604 SW 53rd Court	
new registered Office reduces.		Enter Florida street o	address
	Miramar		_, Florida <u>33023</u>
		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

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
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ective date, if other than the date of filing: i effective date is listed, the date must be specific and cannot be prior to date of filing or r	(optional) t
neffective date is listed, the date must be specific and cannot be prior to date of filing or r te: If the date inserted in this block does not meet the applicable statutory filir	more than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	, on the earlier of: (b) The 90th day after th
3-05-2023	
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ted	
Le. 1	
Signature of a member of authorized representativ	ve of a member

Filing Fee: \$25.00