L24000317583

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
| |
| |
| |

Office Use Only



600436976756

09/23/24--01021--013 **25.00

2024 SEP 23 AM 9: 08
SECRETARY SEE, FL

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | |
|---|---|---|---|
| | M SHOW. LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Berrio Hernandez, Wendy | Datean | |
| | Berno Hernandez, Wendy | | |
| | | Name of Person | |
| | Spectrum Show, LLC | | |
| | | Firm/Company | |
| | 9454 Oglethorpe Dr | | |
| | | Address | |
| | Groveland, FL 34736 | | |
| | | City/State and Zip Code | |
| | info@antoniocoa.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information e | oncerning this matter, please ca | all: | |
| Antonio Coa, CPA | | 561 814-4558 at () | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: Registration Sc | ction |
| Registration Section Division of Corporations | | Division of Corporations | |
| P.O. Box 632 | • | The Centre of T | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPECTRUM SHOW, 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 $\underline{\frac{07/17/2024}{}}$ and assigned Florida document number 1.24000317583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9454 Oglethorpe Dr., Groveland, FL 34736, EE. UU. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9454 Oglethorpe Dr. Groveland, FL 34736, EE. UU. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ______ 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 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 |
|--------------|--------------------------------|--|-----------------|
| MGR | Berrio Hernandez, Wendy Rotsen | 2896 Hidden Dr. Lawrenceville, GA 30044 | □Add |
| | | | ≘ Remove |
| | | | Change |
| MGR | Berrio Hernandez, Wendy Rotsen | 9454 Oglethorpe Dr. Groveland, FL 34736, EE. UU. | ■ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | |
| | | | Change |

| - | |
|-------------------|--|
| | |
| | |
| | |
| - | |
| _ | |
| | |
| _ | |
| | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| - | |
| - | |
| _ | |
| | |
| - | |
| ffoot: | and data if other than the data of filings (antional) |
| <u>vote:</u> | ye date, if other than the date of filing: |
| recor d is fil | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| ated | September 16th 2024 |
| | M. Lorris Herwoodez |
| | |

Filing Fee: \$25.00