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SECHETARY OF STAIL
TALLAHASSEE. FLORIDA

C. GOLDEN
NAY - 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Spectrum Moms Inc.						
DOCUMENT NUMBER: N1800001466						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Kathryn J, Mckibbin (Name of Contact Person)						
Spectrum Moms Inc. (Firm/Company)						
(Firm/ Company)						
11 Plaza Real South, # 316 (Address)						
(Address)						
Boca Raton FL 33432						
(City/ State and Zip Code)						
Spectrum Moins Inca amail. com E-mail address: (to be used for future annual report potification)						
F-mail address: (to be used for futural report notification)						
For further information concerning this matter, please call:						
Kuthryn McKibbin at 561 - 818 - 6006 (Name of Contact Person) (Area Code) (Daytime Telephone Number)						
(Name of Contact Person) (Area Code) (Daytime Telephone Number)						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$\text{\$\subseteq}\$\$ \$\text{\$\subseteq}\$\$ \$\text{\$\subseteq}\$\$ \$\text{\$\subseteq}\$\$\$ \$\text{\$\subseteq}\$\$\$ \$\text{\$\subseteq}\$\$\$ \$\text{\$\subseteq}\$\$\$ \$\text{\$\subseteq}\$\$\$ \$\text{\$\subseteq}\$\$\$ \$\text{\$\subseteq}\$\$\$\$ \$\text{\$\subseteq}\$\$\$\$ \$\text{\$\subseteq}\$\$\$\$ \$\text{\$\subseteq}\$\$\$\$ \$\text{\$\subseteq}\$						
Mailing Address Street Address						

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

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5 pectrum	or	
Springer	moms Inc.	'_SECAE ARY C
(Name of Corporation s	is currently filed with the Flor	ida Dept. of State) TALLAHASSEE.
N1800	0001466	3*
	ent Number of Corporation (if k	nown)
ursuant to the provisions of section 617.1006, Flori- mendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not Fa	r Profit Corporation adopts the following
. If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the word Company" or "Co," may not be used in the name.	•	I" or the abbreviation "Corp." or "Inc."
Lompany or Co, may not be used in the name.		
. Enter new principal office address, if applicab Principal office address MUST BE A STREET AD		
rincipal office address MUST BE A STREET AL	<u></u>	
	 	
Enter new mailing address, if applicable:	AV.	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
15 1 1 1 1 1 1 1 1 1 1		
 If amending the registered agent and/or registenew registered agent and/or the new registered 		enter the name of the
		
Name of New Registered Agent:		
-		
New Registered Office Address:	{ <i>F</i> }	orida street address)
		CI. 14
-	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept	the obligations of the position
and the second s	. angamme run una accept	we conguine of the position.
_	Signature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer: S = Secretary: D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove	<u>P</u>	Kathryn McKibbin	11 Plaza Real South # 316 Boca Raton, FL 33432
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove Change			
Add Remove			
6) Change Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
	-
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The date of each amendment(s) adoption:	May	<u>2,</u>	2018	, if other than the
date this document was signed.	U		a.	
Effective date <u>if applicable</u> :	May	2,	2018	
(no	more than 90 day. af	ter amen	dment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	• •	statutory	filing requirements, t	his date will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)			
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the n	iumber o	f votes cast for the am	nendment(s)
☐ There are no members or members entitled adopted by the board of directors.	I to vote on the amen	dment(s)	. The amendment(s)	was/were
Dated May 2	, 2018 ry 1	_		
Signature Keth	ryn n	1 ck	ibbin	
(By the chairman or vice have not been selected, other court appointed f	e chairman of the boa by an incorporator –	ırd, presi if in the	dent or other officer-i	
Kathro	(Typed or printed	(bb) i name o	f person signing)	
Presid	dent, Spe	ectro	an Moms	. Inc.