P1500085476

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	∏ waп	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

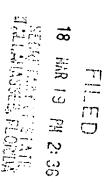




500310450115

03/19/18--01012--028 **43.75

MAR 20 2019 S. YOUNG



COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pavel Paulouski

Name of Contact Person

Spectrum Sales Inc

Firm/ Company

18 Hargrove Grade Ste 108

Address

Palm Coast FL 32137

City/ State and Zip Code 551 palm coastagmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (347) 580 932 2 Area Code & Daytime Telephone Number Pavel Enclosed is a check for the following amount made payable to the Florida Department of State: 2843.75 Filing Fee & Certified Copy **■**\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Spectrum (Name of Corporation as of	Sales J	on Florida Dant of State)	
<u> </u>		ie Fjorida Dept. of State)	
P 150000 854	·/	(:Fl.,)	
(Document Ni	umber of Corporation	(II Known)	
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this <i>Florida Profit</i>	Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the corpora	tion:		
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A profe		
B. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>	.)	1	್ ಹ
			500 mms
		الأذائي مسير و دوا	
C. Enter new mailing address, if applicable:			(2) to 17
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·		<u> </u>
			7.(7)
		14 44 44 44 44 44 44 44 44 44 44 44 44 4	新 8
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		a, enter the name of the	,
Name of New Registered Agent			
(Fi	lorida street address)		
New Registered Office Address:		, Florida	
Hen Hegistered Office Indirects.	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	d Agent: amiliar with and accep	ot the obligations of the positi	on.
Signature o	of New Registered Age	nt, 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Katsiaryna Tarasiuk	52A Plainview Dr
<u></u> X ∆dd		·	Palm Coast FC 3216
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

				· · · · · · · · · · · · · · · · · · ·		
		-				

·						
•						
f an amendment provides for an exchange provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassifica Iment if not cor	ntion, or can ntained in th	ncellation of the amendme	issued share ent itself:	es,	
						
						
	<u></u>					

The date of each amendment(s) addate this document was signed.	loption: <i>U 3 // 4 // 8</i>	, if other than the
Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	plock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame fficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sh	hareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareh	nolder
Dated	03/14/18	
Si a materia		
Signature(By a d	irector, president or other officer - if directors or officers have	not been
	d, by an incorporator – if in the hands of a receiver, trustee, or o	
appoin	ted fiduciary by that fiduciary)	
	Pavel Paulouski	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	