## P19000079139

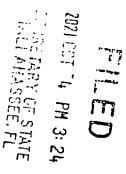
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations NAME OF CORPORATION: \_ SPECTRUM BUSINESS VENTURES, INC. DOCUMENT NUMBER: P18000079138 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YESENIA VAZQUEZ Name of Contact Person WEISBURD, EISEN & POSSENTI, P.A. Firm/ Company 2751 EXECUTIVE PARK DRIVE, SUITE 104 Address WESTON, FLORIDA 33331 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 473-0500 Area Code & Daytime Telephone Number YESENIA VAZQUEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee. Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

	Articles of incorporati	
	of	
PECTRUM BUSINESS VENTURES, INC.		

SPECTRUM BUSINESS VENTURES, INC.			
( <u>Name of Corporation</u>	on as currently filed with the	Florida Dept. of State)	
P18000079138			
(Docum	ent Number of Corporation (i	f known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit (	Corporation adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	or "Co". A professional	incorporated" or the abbre corporation name must c	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(V)		_
(maing maress <u>mart may control no</u>		<del>.</del>	62
	<del></del>		- Herard
D. If amending the registered agent and/or register	red office address in Florida	مرد مرد . enter the name of the	⊼ <i>σ</i> γγγ
new registered agent and/or the new registered		U)	CF PH
Name of New Registered Agent		m.	S
Name of New Registered Agem		r	24 216
	(Florida street address)		
Var. Barrieran LOGG at L.Drawn		, Florida	
New Registered Office Address:	(City)	1 1011010	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	ederablications of the noc	
I hereby accept the appointment as registered agent.	1 ат <sub>-</sub> јатинаг <i>жин ана ассер</i> а	i inc conguions of the pos	arun.

Signature of New Registered 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)

Example:

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.

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>	Address
1) Change	PT	RAIZADA, AMIT	110 Washington Ave #2409
X Add			Miami Beach, FL 33139
Remove 2) Change	SV	RAIZADA, AMIT	110 Washington Ave #2409
X Add	•		Miami Beach, FL 33139
Remove 3) Change			
Add			
Remove 4) Change	-1-		
Add			
Remove			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	icles, enter change(s) he (Be specific)			
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_	<u>change, reclassification,</u>	or cancellation of is	sued shares,	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file do	ute)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amenda	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
August 1 Dated	1, 2021	
Signature	bill	
(By a selec	director, president or other officer – if directors or officers ha ted, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
	AMIT RAIZADA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>