## P18000 C82 686

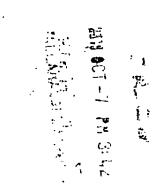
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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SPECTRUM TRANS CORP DOCUMENT NUMBER: P18000082686 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARTURO DEL ARCO Name of Contact Person SPECTRUM TRANS CORP Firm/ Company 1931 NW 2ND ST Address MIAMI, FL 33125 City/ State and Zip Code ARTTRANS550@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO DEL ARCO at (305 ) 699-1892

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SPECTRUM TRANS CORP			一样 1	•
(Name o	f Corporation as currently filed w	ith the Florida Dept. of State)	13	_
P18000082686				Ŗ,
	(Document Number of Corpora	ition (if known)	7.	4
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the fol	lowing amendment(s	;) to
A. If amending name, enter the new na	me of the corporation:			
			The new	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A			
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address <u>MAYBE A POST</u> )				
D. If amending the registered agent an new registered agent and/or the new		lorida, enter the name of the		
new registered agent and/or the nev	MARIA ILUMINADA RIVERO			
Name of New Registered Agent	MAKIA ILUMINADA KIVERO	<del>.</del>		
	1931 NW 2ND ST			
	(Florida street addre	ssy	<del>_</del>	
New Registered Office Address:	MIAMI	. Florida 33	125	
	(City)		(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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	<u>PT</u>	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	P	MARIA A. SUAREZ	1931 NW 2ND ST
Add			MIAMI, FL 33125
X Remove			
2) Change	P	MARIA ILUMINADA RIVERO	1931 NW 2ND ST
XAdd			MIAMI, FL 33125
Remove			
3 ) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
<del></del>			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary), (Be specific)	
f an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the ar	ation of issued shares,
(if not applicable, indicate N/A)	nendment usen:
	· · · · · · · · · · · · · · · · · · ·

	09/18/2019	
The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	09/18/2019	
Effective date in applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this de Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	(s)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nent
	cast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
<del></del>	(voting group)	
	e adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
09/18/ Dated	2019	
Signatur <b>g Y</b>	) (P)	
'lts'	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	MARIA A. SUAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	