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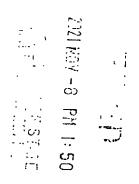
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A. BUTLER NOV 1 6 2021

COVER LETTER

TO: Registration Se Division of Cor			_
SPI Investri SUBJECT:			•
SUBJECT:	Name of Lim	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:	
	Jeff Y. Graber		
		Name of Person	
	SPI Investment, LLC		
		Firm/Company	
	21399 Marina Cove Cr. M	16	
		Address	
	Aventura FL, 33180		
	Sunnyearth (approtonmail.c		
For further information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notificall:	ation)
Jeff Graber		305 761-1918	
Name e	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	□ \$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:

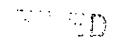
TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 HOY -8 PM 1:50

SPI Investment, LLC

(Name of the Limited Liability Company as it now appears on our records.).
(A Florida Limited Liability Company)

7.57 V E

The Articles of Organization for this Limited L	iability Company	were filed on July 23, 20	and assigned	
Florida document number L15000126247	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
	.,			
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation	4"LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applic	rable:			
(Principal office address MUST BE A STREE	ET_ADDRESS)			
Pater and the address of applicables		IZOLDA IVANOVA/ S	PI Investment, LLC	
Enter new mailing address, if applicable:	PAN	P.O. Box 800723		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Aventura FL 33280-723		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			enter the name of the new registered	
New Registered Office Address: 21399 Marina Cove CR, M16 Enter Florida street address Miami , Florida 33180 Zip Code	21399 Marina Cove CR, M16			
	Enter Florida street address			
	. Florida ³³¹⁸⁰			
		Cuy	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	IZOLDA IVANOVA	21399 Marina Cove Cr, M16 Miami, FL 33180	= A d d
			□Remove
			□Change
MGR	Jeff Y. Graber		🗆 Add
		P.O. BOX 801532 Aventura FL 33280-1532	≣Remove
			□Change
			□Add
			□Remove
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ective date, if other than tl	ie date of filing	:			(option	al)	
effective date is listed, the date m te: If the date inserted in this	ust be specific and oblock does not me	cannot be prior cet the applica	to date of fili able statuto	ng or more than ry filing requi	90 days after fil rements, this o	ing.) Pursuant to late will not be	605,020 listed as
ument's effective date on the							
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