## 116000081581

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## **COVER LETTER**

TO: Registration So Division of Co	
SPI Holdin	ngs LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
lease return all correspo	ondence concerning this matter to the following:
	Tagen Materia
	Name of Person
	SPI Holdings LLC
	Firm/Company
	3451 SW Catskill Drive
	Address
	Port Saint Lucie FL 34953
	City/State and Zip Code
	samuelkesaris@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further information (	concerning this matter, please call:
Tagen Materia	954 665-3826 (7)
Name (	of Person Area Code Daytime Telephone Number 17 5
Enclosed is a check for t	the following amount:
S25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tollahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPI Holdings LLC				i
(Name of the Limi	ted Liability Company as i (A Florida Limited Liability	t now appears on our record y Company)	P)	
The Articles of Organization for this Limited L Florida document number <u>L16000081581</u>				nd assigned
This amendment is submitted to amend the following	lowing:			İ
A. If amending name, enter the new name of	of the limited liability c	ompany here:		;
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC	or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		·····	
				1 \$
Enter new mailing address, if applicable:	<del>,</del> -			<del></del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		·	;
	<del></del> -		···	
B. If amending the registered agent and registered agent and/or the new registered of		address on our records	, enter the n	ame of the new
Name of New Registered Agent:	Tagen Materia		計画	T]
New Registered Office Address:	3451 SW Catskill Dr		-5 NSSI	gii ce
	Port Saint Lucie	Enter Florida street addres.	orida 34953	
	C	ity	Ži Ži	Code .
New Registered Agent's Signature, if changing	Registered Agent:		¥	
I hereby accept the appointment as register, provisions of all statutes relative to the proj				

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Samuel Kesaris	6701 NW 33 Way	Add
		Fort Lauderdale FL 33309	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
<del></del>			Add
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			☐ Change
Management of Property	**************************************		Add
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			Removel
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			□ Add
			☐ Remove
			Change

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