

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPI Holdings LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Ilesonis
Name of Person

SPI Holdings LLC
Firm/Company

3235 SW Port Saint Lucie Blvd
Address

Port Saint Lucie FL #108 34953
City/State and Zip Code

Samuel Ilesonis @y4h.oc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Ilesonis at **954**, **665-3826**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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
Tallahassee, FL 32301

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael McBRIDE	3235 SW Point Saint Luke Blvd Suite 108	<input checked="" type="checkbox"/> Add
		Point Saint Luke FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Samuel IUSCITIS	3235 SW Point Saint Luke Blvd	<input type="checkbox"/> Add
		Point Saint Luke FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 DIVISION
 CREDIT SERVICES

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