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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SPI Holdings	LLC	
3020E011	Limited Liability Company	
;		
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	,
Please return all correspondence concerning this ma	tter to the following:	
•	*	
Sonul	Name of Person	
· · · · · · · · · · · · · · · · · · ·	Name of Person	
SPI HO	.l	
	Firm/Company	
7235 Si	PORT SULAT	Luce BIND
 	Address	
PUT & SOINT	City/State and Zip Co	1108 74953
	City/State and Zip Co	dd
Survey 16esc	ins Cyahoo.	an .
E-mail addre	ess: (to be used for future ann	al report notification)
For further information concerning this matter, plea	se call:	-
Somuel MESCNIS	at (954)	665-3826
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Statu		Certificate of Status &
MAILING ADDRESS:		ET/COURIER ADDRESS:
Registration Section Division of Corporations	Divis	on of Corporations
P.O. Box 6327	Clifto	n Building
Tallahassee, FL 32314	Z651 Tallal	Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compan	v as It now a	appears on our records.	· · · · · · · · · · · · · · · · · · ·	! !
·		11			
The Articles of Organization for this Limited Lia	bility Company v	vere filed o	$\frac{9}{2}$	and ass	igned
Florida document number L 1600061	28/			•	
This amendment is submitted to amend the follow	ving:			DI:415	古
A. If amending name, enter the new name of	he limited liabil	ity compa	ny here:	je Je	77
				S	
The new name must be distinguishable and contain the won	rds "Limited Liabilit	у Сотрапу,	"the designation "LLC"	or the abbreviation "L	P.C."
Enter new principal offices address, if applica	ble:				<u>e</u>
(Principal office address MUST BE A STREET	ADDRESS)				5
			·		
a maria	•				
Enter new mailing address, if applicable:			<u></u>		·
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				
B. If amending the registered agent and/oregistered agent and/or the new registered offi			ss on our records,	enter the name	of the new
A A THE STATE OF THE HEAT AND A STATE OF THE					
Name of New Registered Agent:	Michael	Mk	Gregor		<u>.</u>
New Registered Office Address:	3235	5 V F	ont Saint Lucie	Bled Sair	4108
		5 (er Florida street address	a	_
	PORT Sain	1 1	u (it , Flor	ida <u>3995</u>	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	and complete preed agent as pregistered office of	performan rovided fo	ce of my duties, and or in Chapter 605, F	I I am familiar wi S. Or, if this doc	th and ument is
	If Chan	10	red Agent, Signature of	New Registered Ada	nt
	II CHRE	RINK WERING	sen whene White of	AND AUDIDIO CO ALEC	212

Page 1 of 3

If amending A	uthorized Person(s) authorized	to manage, enter the t	itle, name, and address of each person being added
	om our records:		!
MGR = Man AMBR = Aut	ager horized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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	! -			# # # # # # # # # # # # # # # # # # #
amending any other infor	mation, enter chang	ge(s) here: (Attach d	additional sheets, if necessary.)	:
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Nective date, if other than	the date of filing:	9/1/17	(optional)	
an effective date is listed, the date	e must be specific and can	not be prior to date of fill	ng or more than 90 days after filing.) Purs ry filing requirements, this date will r	uant to 605 0207 (3)(b)
ocument's effective date on th				
o record aposition a dala	and effective date	hut not an effor	tive time, at 12:01 a.m. on t	he earlier of:
The 90th day after the		e, but not an enec	dive time, at 12.01 a.m. on t	
a / 7 &		2017		,
Pated 4/18				,
!	2-2-12			
	Signature of a men	aban an arabaninad renena	entative of a member	•
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