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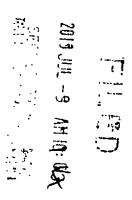
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COVER LETTER

TO:	Registration Sec Division of Cor			
en d	SP FUNDS	RE, LLC		
SOPI	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Robert Conca		
			Name of Person	
		Jacko Law Group, PC		
			Firm/Company	
		1350 Columbia Street, Sui	te 300	
			Address	
		San Diego, CA 92101		
			City/State and Zip Code	
		Robert.Conca@jackolg.con		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	att:	
NAU	SHAD VIRJI		at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SP FUNDS RE, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L19000154929	pany were filed on JUNE 11, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	55)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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 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 add-or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NAUSHAD VIRJI		
		1331 S. INTERNATIONAL PKWY., STE. 2291	■ Remove
			□ Change
MGR	SP FUNDS MANAGEMENT, LLC	1331 S. INTERNATIONAL PKWY., STE. 2291	Add
			□ Remove
			- TA GRemove TI
			Change
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			Add
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			Change

 			
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ffective date, if other than the an effective date is listed, the date mu Sote: If the date inserted in this b ocument's effective date on the E	st be specific and cannot be prior to d lock does not meet the applicable	ate of filing or more than 90 days a	otional) fter filing.) Pursuant to 605.0207 (this date will not be listed as t
e record specifies a delaye The 90th day after the rec		n effective time, at 12:0.	1 a.m. on the earlier of:
ated	2019		
Nell	Signature of a member or authorize	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorize	d representative of a member	
NAUSHAD VIRJI			

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Filing Fee: \$25.00