L20000104610

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COVER LETTER

TO:	Registration Sec Division of Corp						
		Triple 7 Ha	nuling LLC				
SUBJ	ECT:	Ni	and the title of amount		.		
		Name of Limi	ted Liability Company				
ar.	1		wined for Olima				
		Amendment and fee(s) are subr					
Please	return all correspor	ndence concerning this matter t	o the following:				
		Keverne McShine					
	Name of Person						
			Firm/Company		<u></u>		
		13511 SW 16th Ct					
			Address				
		Davie FL	33325				
		City/State and Zip Code spicasolutions@outlook.com					
		E-mail address: (t	o be used for future annual r	eport notification)			
For fu	rther information co	oncerning this matter, please ca	ıll:				
Keverne McShine			954	980 6260			
	Name of	Person	at () Area Code	Daytime Telephon	e Number		
Enclo:	sed is a check for th	e following amount:					
□ s:	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed)	60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Ad Registra	dress:				

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

Triple 7 Hauling LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany <u>as it now appears on our records.)</u> ted Liability Company)
The Articles of Organization for this Limited Liability Compa L20000104610 Florida document number	any were filed on and assign
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited h	liability company here:
Spica Solutions LLC	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "LLC
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new re</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	car. zap Gode

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, 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>	Address	Type of Action
		<u> </u>	□Add
			□Remove
			Change
			□Add
			Remove
j.			□Change
			□Remove
		/	□Change
		/ 	□Add
			□ Remove
			□Change
			□Add
			□Remove
		/	Change
			□Add
		/	Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. March 15 2021 Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Keverne McShine