h21000354868

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



800379570598

01/21/22--01012--023 **25.05



A. BUTLER FEB - 1 2022



zenbusiness

Jan 14, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

RE: SPN Holdings LLC

_____Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>. for the above

referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at <u>fulfillment@zenbusiness.com</u>.

Thank you.

Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPN Holdings LLC		abam v	ر دا در
(Name of the Limited Liability Compa (A Fiorida Limited)	ny as it now appears on ou		
			i, i, ft
he Articles of Organization for this Limited Liability Company	were filed on $\frac{08/06/202}{}$	21	and assigned
This amendment is submitted to amend the following:			
011/02/2021			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	601 North Ashley Dr. Suite		
Principal office address MUST BE A STREET ADDRESS)	1100-4017		
	Tampa, FL 33602		
	601 North Ashley Dr	Suite	
•			
Mailing address MAY BE A POST OFFICE BOX)			
	- Compact 17 Contra		
	address on our records	, enter the nam	e of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	4 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, 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	<u>Address</u>	Type of Action
AMBR	Paul Tzatzimakis	601 North Ashley Dr.	□Add
		1100-4017	□ Remove
		Tampa, FL 33602	= Change
AMBR	Nicholas Cuneo	601 North Ashley Dr.	□Add
		1100-4017	
		Tampa, FL 33602	— a.
AMBR Shayne	Shayne Sundholm	601 North Ashley Dr.	-
		1100-4017	_
		Tampa, F1, 33602	
			□Add
			□Remove
			[]Change
			□Remove
			□Change
			□Add
			□Remove
			□ Channa

			 	
	<u> </u>		<u></u>	
				
		······································	·	
Effective date, if other than the d (If an effective date is listed, the date must) Note: If the date inserted in this blood document's effective date on the Dep	ck does not meet the applic	rable statutory filing re	(optional) than 90 days after filing.) Purst quirements, this date will n	ant to 605.0207 (3 of be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective to	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
Innuary 1.4	2022	<u> </u>		
Dated				
Dated January 14				
	Makis Signature of a member or auth		member	