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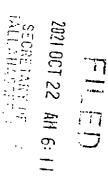
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Spooz Asset Management LLC SUBJECT: 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: Errol Stone Name of Person Firm/Company 5631 Pipers Waite Address Sarasota, FL 34235 City/State and Zip Code stoneem@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Errol Stone 828 505-5222 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 OCT 22 AM 6:11

Spooz Asset Management LLC		SECRETARY OF IL
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	Allen Allender
The Articles of Organization for this Limited Liability Florida document number 1.21000417340	Company were filed on September 21, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	iznier i torida street address	
	, Flori	
	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 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>	Type of Action
MGR	Paul D. Strickland, Jr.	1001 Starkey Rd., Largo, FL 33771	
			□Add
			Remove
			□Change
MGR	Spooz, Inc., a Colorado corporation	1001 Starkey Rd. Largo, FL 33771	∑ Add
			□Remove
	N 15 0 1 1 1		□Change
AMBR	Paul D. Strickland, Jr.	1001 Starkey Rd., Largo, FL 33771	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than th	e date of filing:		(optional)	
an effective date is listed, the date m	ist be specific and cannot be prior	to date of filing or more th	an 90 days after filing.) Pursuan	t to 605,020
lote: If the date inserted in this locument's effective date on the locument			uirements, this date will not	be fisieu a
record specifies a delayed effect	ve date, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90th d	ay after the
l is filed.				
October 18,	2021			
ated		·		
	12-			
	Signature of a member or author	orized representative of a	member	