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22 J. 121 FH 2: 19

T. MATTHEWS

JAN 2 7 2022

COVER LETTER

TO: Registration So Division of Cor			
SPN 1 Hol	dings LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Dempsey		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	5511 Parkerest Drive STE	103	
		Address	
	Austin, Texas, 78731		
	fulfillment@zenbusiness.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Michael Dempsey c/o ZenBusiness INC		844 493-6249	
Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPN 1 Holdings LLC

22 Jii. 21 PH 2: 19

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2021-12-23}{1100}$ _____ and assigned Florida document number 1.22000002635 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 601 North Ashley Dr. Enter new principal offices address, if applicable: 1100-4017 (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33602 601 North Ashley Dr. Enter new mailing address, if applicable: 1100-4017 (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33602 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
AMBR	Paul Tzatzimakis	601 North Ashley Dr	□Add
		1100-4017	□Remove
		Tampa, F1, 33602	
AMBR	Shayne Sundholm	601 North Ashley Dr	
		1100-4017	□Remove
		Tampa, F1, 33602	Change
AMBR	Nicholas Cuneo	601 North Ashley Dr	□∧dd
		1100-4017	□Remove
		Tampa, FL 33602	■Change
			□Add
			□Remove
			□Change
			□Add
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	st be specific and cannot be prior to d ock does not meet the applicable	(optilate of filing or more than 90 days after statutory filing requirements, this	r filing.) Pursuant to 605.0207 (
	e date, but not an effective time	at 12:01 a.m. on the earlier of: (b	The 90th day after the
	e date. Dut not an effective time.		
is filed.			
	. 2022		