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S. ROBERTS
MAY 1 2 2023

COVER LETTER

TO:

Registration Section Division of Corporations

Sunhine Pe SUBJECT:	ak Investments LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Julie Giancola			
		Name of Person		
	Sunhine Peak Investments	LLC		
		Firm/Company		
	1551 N Conrad Ave			
		Address		
	Sarasota, FL 34237			
		City/State and Zip Code		
	sunshinepeakinvestments@	gmail.com		
	E-mail address: (to be used for future annual report noti	ification)	
For further information c	oncerning this matter, please c	all:		
Julie Giancola		859 240-0728 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		-	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 and assigned
2023 and assigned
"LLC" or the abbreviation "L.L.C."
72 ~
32043-3443
: :
72 -
32043-3443
7

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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>	Address	Type of Action
MGR	Julie Giancola	1551 N Conrad Ave	□Add
		Sararasota, FL 34237	≡Remove
			□Change
MGR	SPI LEGACY HOLDINGS LLC	411 Walnut Street # 20772	≣ Add
		Green Cove Springs, FL 32043-3443	□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. 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		
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Signature of a member or authorized representative of a member	he record specifies a delayed ord is filed.	
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Filing Fee: \$25.00