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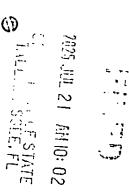
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COVER LETTER

ection rporations		
UTZ LLC		
Name of Lim	ited Liability Company	·
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
SHANNON LYLES		
	Name of Person	
NURSE NUTZ LLC		
	Firm/Company	<u>.</u>
3035 SE MARICAMP RO	OAD, STE 104-225	
	Address	.
OCALA, FL 34471		
	City/State and Zip Code	
E-mail address: (to be used for future annual report not	ification)
concerning this matter, please c	all:	
	352 363-1193	
of Person		ne Telephone Number
he following amount:		
☐ \$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)
	<u>Street Address;</u> Registration Se	ection
Corporations	Division of Co	rporations
	TPOTATIONS UTZ LLC Name of Lim F Amendment and fee(s) are subsondence concerning this matter SHANNON LYLES NURSE NUTZ LLC 3035 SE MARICAMP RO OCALA, FL 34471 SHANNON@NURSENUT E-mail address: (concerning this matter, please concerning this matter, please concerning this matter) of Person he following amount: \$\square\$ \$30.00 Filing Fee &	Propositions UTZ LLC Name of Limited Liability Company F Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: SHANNON LYLES Name of Person NURSE NUTZ LLC Firm/Company 3035 SE MARICAMP ROAD, STE 104-225 Address OCALA, FL 34471 City/State and Zip Code SHANNON@NURSENUTZ.COM E-mail address: (to be used for future annual report not concerning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NURSE NUTZ LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000067703	FEBRUARY 6, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
SP&L LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	F 25
Enter new mailing address, if applicable:	27
(Mailing address MAY BE A POST OFFICE BOX)	000
Mailing dadress MAT BEAT OST OFFICE BOXY	E.S. 6
	0 < -
B. If amending the registered agent and/or registered office address on ou	records enter the name of the new registered
agent and/or the new registered office address here:	r records, enter the name of the new registered
dent and of the second of the	
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	Florida street 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>	<u>Name</u>	Address	Type of Action
			□Add
		.	□Remove
			□Change
			
			□Remove
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			□Change

Effective date, if other than the date of filing: [Coptional] [Copti					
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Filing Fee: \$25.00