L1500056504

| (Re | equestor's Name) | |
|-------------------------|---------------------|-----------|
| (Ac | ddress) | |
| (Ad | ddress) | · |
| (C | ity/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nam | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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PEPPLE CANTU SCHMIDT PLLC

1000 Second Avenue, Suite 2950, Seattle, WA 98104

Jeffrey C. Steinert (206) 625-9984 Direct jsteinert@pcslegal.com

April 10, 2015

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Southport Financial Real Estate LLC - Document Number: L15000056504

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of Southport Financial Real Estate LLC, along with our Trust Check in the amount of \$25.00 to cover the filing fee.

If you have any questions, please do not hesitate contacting me.

Very truly yours,

Jeffrey C. Steinert Administrator

COVER LETTER

| | egistration Sectivision of Corp | | | |
|-------------------|---------------------------------|--|---|--|
| SUBJECT | Southport | Financial Real Estate | LLC | |
| SUBJECT | | Name of Limi | ited Liability Company | |
| The enclos | ed Articles of A | mendment and fee(s) are subt | mitted for filing. | |
| Please retu | rn all correspon | dence concerning this matter t | to the following: | |
| | | Jeffrey C. Steinert | | |
| | | | Name of Person | |
| | | Pepple Cantu Schmi | idt PLLC | |
| | | | Firm/Company | |
| | | 1000 2nd Avenue, S | Suite 2950 | |
| | | | Address | |
| | | Seattle, WA 98104 | | |
| | | | City/State and Zip Code | |
| | | jsteinert@pcslegal.co | | |
| | | | to be used for future annual report notificat | tion) |
| For further | information cor | ncerning this matter, please ca | all: . | |
| Jeffrey (| C. Steinert | | 206 625-9984 | |
| | Name of | Person | | elephone Number |
| Enclosed is | a check for the | following amount: | | |
| □ \$ 25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Southport Financial Real Estate LL | | |
|---|---|---------------------------|
| (<u>Name of the Limited Liability</u> (A Florida l | Company as it now appears on our records,) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number L15000056504 | mpany were filed on March 31, 2015 | and assigned |
| Florida document number | → | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limit</u> | ed liability company here: | |
| The new name must be distinguishable and end with the words "Lim | ited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | ☆/A ch |
| | | |
| | | 20 11 |
| Enter new mailing address, if applicable: | · | Control of the Control |
| (Mailing address MAY BE A POST OFFICE BOX) | | C TO MICHAEL |
| | | CO must the Contraction |
| | | 83. KG |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | | Address | Type of Action |
|--------|---------------------------------------|---|-----------------------|---|
| MGR | Southport Financial Services. Inc. | , | 5403 West Gray Street | 🗀 Add |
| | | | Tampa, FL 33609 | ■ Remove |
| MGR,P | J David Page | | 5403 West Gray Street | |
| | | | Tampa, FL 33609 | Remove |
| | | | | 15 FE |
| VP,S,T | Stephen W Page | ı | 1911 65th Avenue West | APR Add |
| | | | Tacoma, WA 98466 | Remove |
| | | | | L: 58 |
| VP | Peter H Leach | , | 5403 West Gray Street | ■ Add |
| | | | Tampa, FL 33761 | Remove |
| | | | | |
| VP | Scott Seckinger | | 5403 West Gray Street | = Add |
| | | | Tampa, FL 33761 | ☐ Remove |
| VP | Michael Molinari | | 5403 West Gray Street | |
| | | | Tampa, FL 33761 | □ Remove |
| | | | | . <u>. </u> |

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being addéd or removed from our records:

| MGR = | Manager |
|--------|--------------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------|--|
| VP | Paul C. Fortino | 1911 65th Avenue West | ■ Add |
| | | Tacoma, WA 98466 | □ Remove |
| | | | □ Add |
| | | | □ Remove |
| | | | TANK TO APP |
| | | | Add Add Remove Ty |
| | | | Remove To |
| | | | Add |
| | | | □ Remove |
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| | | | —————————————————————————————————————— |
| | | | Add Remove |
| | | | |

| Tective date, if other than the effective date must be specific, can attended this document is filed by the F | not be prior to date of receipt or filed date and cannot be | (optional) to more than 90 days after |
|---|---|--|
| April 2 | 2015 | |
| ted ' 'P''' = ' | 20.0 | |
| ted Toll P | , | |
| J David Page, Ma | Signature of a member or authorized representative | of a member |
| 1DUP | Signature of a member or authorized representative | TALL |
| 1DDP | Signature of a member or authorized representative | SELELAHAS TALLAHAS |
| J David Page, Ma | Signature of a member or authorized representative | TALLA |

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Filing Fee: \$25.00