A 1100000343

(Requestor's Name)
(Address)
(Address)
(dates)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

2132

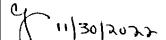


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SECRETARY OF STATE

2022 NOV 18 AM 10: 04

2021:07 13 KM 10:26



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/18/2022	**WALK IN*
ENTITY NAMESP SUN	RISE LP
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
xxxxx	Plain Copy
	Certified Copy
	Certificate of Status
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION NUMBER OF CERTIFICATE	ON ES REQUESTED
TOTAL OWED \$52.50	ACCOUNT # 120160000072
Please call Tina at the	above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Division of C			
SUBJECT: SP Sunri		tnership or Limited I	Jiability Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are subm	nitted for filing.
Please return all corr	respondence concerni	ng this matter to:	
Jeffrey C Steinert			_
	Contact Person		
Jameson Pepple Cantu [LLC		
	Firm/Company	_	
801 2nd Avenue, Suite	700		
	Address		•
Seattle, WA 98104			
	City, State and Zip Code		
	D-COMPANIES.CO		
For further informati	on concerning this ma	atter, please call:	
Jestrey C Steinert		at (625-9984
Name of Conta	ct Person		d Daytime Telephone Number
Enclosed is a check	for the following amo	unt:	
∰ \$52.50 Filing Fee	☐561.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Cop	
Mailing Address: Registration Section Division of Corporal P.O. Box 6327 Tallahassee, FL 323		Registr Divisio The Ce 2415 N	Address: ation Section on of Corporations ntre of Fallahassee I. Monroe Street, Suite 810 issee, FL 32303



November 21, 2022

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: SP SUNRISE LP Ref. Number: A11000000863 CORRECTED
Please Allow For
Same File Date

We have received your document for SP SUNRISE LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 422A00025922



FILED

2022 NOV 18 AM 10: 04

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

SECRETARY OF STATE TALLAHASSEE. FL

SP Sunrise LP			
Insert rame cu	rrently on file	with Florida Dep	artment of State
Pursuant to the provisions of section 62 limited liability limited partnership, wh November 21, 2011 assaughts the following certificate of americans	ose certifica signed Flori	ate was filed wilded document n	ith the Florida Department of State on umber A11000000863
This amendment is submitted to amend the	following:		
A. If amending name, <u>enter the new name</u> <u>here</u> :	me of the lin	alted partnersh	in or limited liability limited vartnership
New name must be	e distinguisha	ole and contain an	acceptable suffix.
Acceptable Limited Partnership suffices: Limit Acceptable Limited Liability Limited Partnersh	ad Partnership ip suffixes: Li	o. Limited, L.P., L mited Liability Lii	P. or I.id. niled Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or princips	ıl office addre	ss, enter new mailing address and/or
New Principal Office Add	dreas:	c/o Standard Com	panies
(Must be STREET achtress)		31899 Del Obispi	
		San Juan Capistro	no, CA 92675
New Mailing Address:		c/o Standard Con	panies
(May be post office box)		31899 Del Obispe	
		San Juan Capistra	no, CA 92675
C. If amending the registered agent and/oregistered agent and/or the new registere			on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Registen	ed Agent Solution	s, Inc.
New Registered Office Address;	155 Offi	ce Plaza Drive, St	
		Enter Fl	oridu street oddress
	Tailahas	sec	, Florida <u>32301</u>
	• • • • • • • • • • • • • • • • • • • •	Clhy	Zin 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.

Adam Saldana, Asst. Secretary
If Changing Devistered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	<u>Address</u>	Type of Action
GP	SP Sunrise GP, Inc.	5403 West Gray St Tampa, FL 33609	_ □ Add □ Remove
GP	Standard Sumrise Place Manager LLC	do Standard Companies 31899 Del Obispo, Suite 150 San Juan Capistrano, CA 92675	
			D Add D Remove
_			□ Add □ □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited Unability Limited Partnersh	iership.	ability Limited Partnersh	Limited Liability) hereby elects to be a '	imited Partnership	□ This
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(NOTE: If adding or removing" finited liability limited partnership" status, all general partners must sign this amendment)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other inform	aation, enter c	hange(s)	here: (Alle	ach addition	ul sheets, if neces	saryı.)
				,	· ·- · · - ·	
				 		
Effective date, if other than the date	of filine:					
(Effective date connot be prior to nor more	(han 90 days af	ter the dat	e this docum	ent is filed by	the Florida Depa	rinent of
State.) Note: If the date inserted in this block does be listed as the document's effective date or	not meet the ap a the Departmen	plicable st at of State	latutory filin 's records.	g requiremen	ts, this dete will no	A.
Signature(s) of a general partner (
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability liabil	rship" election s	itatement.	Chapter 624), F.S., requir	l partnership is add os all general partr	ling or ers to sign
SP Sumrise GP, Inc.,						
its Ceneral Partner						
112/12						
By: J. David Page, Preside	ent					
						
Signature(s) of all new or dissocia	ting general	partner	(s), if any:	:		
		I-M- VILEA				
Stangard Sunvise Place Mana its General Partner	iger LLC,					
By: Brad Martinson						
						
Filing Fee:	\$ 52.50					
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75					

F. If amending any other inform	nation, enter cha	nge(s) here: (Attac)	radditional sheets.	if necessary.)
				
			·	
			. <u>.</u>	
Effective date, if other than the date (Effective date cannot be prior to nor more	of filing:	the date this documer	n is filed by the Flor	ida Department oj
State.) Note: If the date inserted in this block does be listed as the document's effective date or	not meet the appli-	cable statutory filing a		
Signature(s) of a general partner of	or all general p	artners*:		
/*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability liabil	rship" election stat	ement. Chapter 620.	F.S., requires all gen	thip is adding or teral partners to sig
SP Sunrise GP, Inc.,				
its General Partner				
				
By: J. David Page, Preside	ent			
	<u></u>			
				
Signature(s) of all new or dissocia	ting general pr	rtner(s), if any:		
Standard Sunrise Place Mana	ager LLC,			
its General Partner				
Bradley C. Martinson				
By: Brad Martinson				
				
Filing Fee:	\$52.50			
Certified Copy (optional):	S52.50			
Certificate of Status (optional):	\$8.75			