

All 000000896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

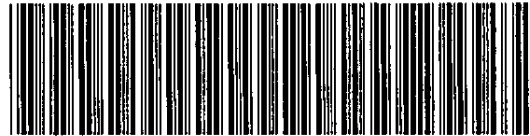
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2013 FEB 22 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2013

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PEPPLE CANTU SCHMIDT PLLC

1501 Western Avenue, Suite 600, Seattle, WA 98101

Jayna N. Paradise

(206) 625-1715 Direct

jparadise@pcslegal.com

February 20, 2013

VIA OVERNIGHT COURIER

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: SP Hudson Estates LP
SP Hudson Estates GP, Inc.

Dear Sir or Madam:

Enclosed for filing please find the Certificate of Amendment to Certificate of Limited Partnership of SP Hudson Estates LP and the Articles of Amendment to Articles of Incorporation of SP Hudson Estates GP, Inc., along with checks to cover the filing fees.

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

Very truly yours,



Jayna N. Paradise
Legal Assistant

2013 FEB 20 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SP Hudson Estates LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jayna Paradise
Contact Person
Pepple Cantu Schmidt PLLC
Firm/Company
1501 Western Avenue, Suite 600
Address
Seattle, WA 98101
City, State and Zip Code
jparadise@pcslegal.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jayna Paradise at (206) 625-1711
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee ☒ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

SP Hudson Estates LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/01/2011, assigned Florida document number A11000000896, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

SP Carver Gardens LP

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

2430 Estancia Blvd, Suite 101

Clearwater, FL 33761

New Mailing Address:

(May be post office box)

2430 Estancia Blvd, Suite 114

Clearwater, FL 33761

C. 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

_____, Florida _____
City Zip Code

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.

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

[illegible]

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

Page 2 of 3

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

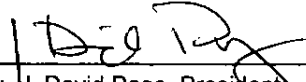
N/A

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

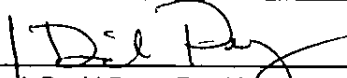
SP Carver Gardens GP, Inc.


By: J. David Page, President

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TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

SP Hudson Estates GP, Inc.


By: J. David Page, President

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75