

L05000059270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800295296848

02/14/17--01007--002 \*\*25.00

RECEIVED  
2017 FEB 13 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2017  
J. HARRIS

FILED  
17 FEB 13 PM 12:59  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



CLARK, CAMPBELL,  
LANCASTER & MUNSON, P.A.  
— ATTORNEYS AT LAW —

PETER J. MUNSON

[pmunson@cclmlaw.com](mailto:pmunson@cclmlaw.com)

February 10, 2017

Kevin R. Albaum  
Timothy F. Campbell <sup>1,3</sup>  
Ronald L. Clark <sup>1</sup>  
Joseph A. Geary  
Kyle H. Jensen  
John J. Lancaster, LL.M. <sup>2</sup>  
Richard A. Lopez  
Ashley McPhail  
Peter J. Munson  
Daniel S. Rich  
Anthony A. Velardi  
Michael E. Workman <sup>1</sup>

BOARD CERTIFICATIONS:

1. Real Estate 2. Tax Law  
3. City, County & Local Government

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: SP/MN Investments, LLC name change to SP 98TH AVE LLC  
Document Number L05000059270

Gentlemen:

Enclosed for filing please find an original and one copy of Articles of Amendment to Articles of Organization. A check in the amount of \$25.00 is also enclosed for filing fees in this regard. It would be appreciated if you would please forward confirmation of filing in the enclosed self-addressed stamped envelope.

Thank you for your assistance with this request.

Sincerely,

Lois A. Hart, Legal Assistant to  
Peter J. Munson, Esquire

LAH/s

Enclosures

## COVER LETTER

**TO: • Registration Section  
Division of Corporations**

**SUBJECT:** SP/MN INVESTMENTS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

PETER J. MUNSON, ESQUIRE

\_\_\_\_\_  
Name of Person

CLARK CAMPBELL LANCASTER & MUNSON, P.A.

\_\_\_\_\_  
Firm/Company

500 S. FLORIDA AVENUE, SUITE 800

\_\_\_\_\_  
Address

LAKELAND, FL 33801

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER J. MUNSON, ESQUIRE

863 647-5337  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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 Filing 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**

SP/MN INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/08/2005 and assigned  
Florida document number L05000059270.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SP 98TH AVE LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. 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: SALEM GHARSALLI

New Registered Office Address: 18430 KUKA LANE

Enter Florida street address

SPRING HILL, Florida 34610  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	BOUAZIZI, MONSEF	18430 KUKA LANE	<input type="checkbox"/> Add
		SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BOUAZIZI, NAJET	18430 KUKA LANE	<input type="checkbox"/> Add
		SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
FEB 13 PM 12:59  
OFFICE OF CORPORATIONS

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated

2/10/2017

10/20/17  
Sull

Signature of a member or authorized representative of a member

SALEM GHARSALLI

Typed or printed name of signee

11 FEB 13 PM 12:59

FILED  
SECRETARY OF STATE  
BUREAU OF CORPORATION