

L06000039979

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : KAYALI & CO., P.A.  
Account Number : I20160000100  
Phone : (813) 899-9642  
Fax Number : (813) 899-9793

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@cdask.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPG PROPERTIES IV, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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April 26, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SPG PROPERTIES IV, LLC  
18430 KUKA LANE  
SPRING HILL, FL 34610US

SUBJECT: SPG PROPERTIES IV, LLC  
REF: L06000039979

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

COVERSHEET IS LP AMENDMENT, YOU NEED LLC AMENDMENT

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H17000113418  
Letter Number: 817A00008075

H 170001262533

**COVER LETTER**

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

**SUBJECT: SPG PROPERTIES IV, 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:

Name of Person  
KAYALI & CO., PA  
Firm/Company  
13250 N. 56TH STREET, SUITE# 102  
Address  
TAMPA, FL 33617  
City/State and Zip Code  
INFO@CPAOSK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSAMA KAYALI  
Name of Person  
813 899-9642  
nt ( )  
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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SPG PROPERTIES IV, 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 04/14/2006 and assigned  
Florida document number L06000039979.

This amendment is submitted to amend the following:

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

SP RIVERSIDE, 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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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>
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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