

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KAYALI & CO., P.A.
Account Number : 120160000100
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@cpasci.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SP/MN INVESTMENTS III, LLC

Certificate of Status	0
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2017 MAY 18 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY 18 AM 9:15
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TALLAHASSEE, FLORIDA

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April 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SP/MN INVESTMENTS III, LLC
18430 KUKA LANE
SPRING HILL, FL 34610US

SUBJECT: SP/MN INVESTMENTS III, LLC
REF: L06000039981

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.

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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H17000113420
Letter Number: 317A00008147

4170001262663

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SP/MN INVESTMENTS III, 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 813 8999642
Name of Person at () 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

4170001262663

SP/MN INVESTMENTS III, 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 4/14/2006 and assigned
Florida document number L06000039981

This amendment is submitted to amend the following:

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

SP NEB LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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>
MGR	Moncef Bouazizi	18430 Kuka Lane Spring Hill, FL 34610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Najet Bouazizi	18430 Kuka Lane Spring Hill, FL 34610	<input type="checkbox"/> Add <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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 04/25/2017

[Signature]
Signature of a member or authorized representative of a member
Salvatore G. Marsalli
Typed or printed name of signee