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((H17000126230 3)))



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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

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TALLAHASSEE, FLORIDA

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

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

Certificate of Status	0
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April 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

SUBJECT: SPG PROPERTIES III, LLC
REF: L06000039984

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Fax cover sheet submitted is for an LP, but your entity is a LLC.

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Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000113416
Letter Number: 317A00008087

H 170001262303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPG PROPERTIES 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 23 PM 12:00

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For further information concerning this matter, please call:

OSAMA KAYALI
Name of Person
813 899-9642
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

H170001262303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SPG PROPERTIES 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 04/14/2006 and assigned
Florida document number L06000039984

This amendment is submitted to amend the following:

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

SP 34TH ST N. 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

H170001262303

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

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

2021 MAY 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

(b) The 90th day after the record is filed.

Dated 01/25/2017

Signature of a member or authorized representative of a member

Typed or printed name of signer