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SLULETARY OF SIMIL TALLAHASSEE, FLORIDA

K. SALY EXAMINER

MAR 18

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: SPC Washington Loop, LLC Name of United Liability Compan)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Joseph Shean Name of Person					
RE/MAX Alliance Group Firm/Company					
2000 Webber St. Address					
Sarasota, FL 34239  City/State and Zip Code  Sheae alliance group fl. Com  E-mail address: (to be used for Jure annual report notification)					
For further information concerning this matter, please call:					
Jim Crowley at (312) 726-9161  Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Secretified 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

iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2 Florida document number L10000101995 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (N \ ) (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: NIA, Same registered agen Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code City

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

or removed from our records:					
MGR = N AMBR = A	Manager Authorized Member		2016 MAR 17 PM 3: 43 TALLAHASSET FLORID;		
<u>Title</u>	<u>Name</u>	<u>Address</u>	TALL DELAND	Type of Action	
<del></del>			TLAHASSET FLORID;	Add	
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IT amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

\_□ Change

A Section 1	2
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	TALL AHASSEE FLORING
	SEE FLOOR
Effective data (Carlos da a da da a CE)	, , , , , , , , , , , , , , , , , , ,
	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 oplicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier of:
Dated March 16, 2016	
Signature of a member or	authorized representative of a member
	C.L.
Joseph 2 Typed or	nrinted name of signer

Page 3 of 3

Filing Fee: \$25.00