L13000112318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

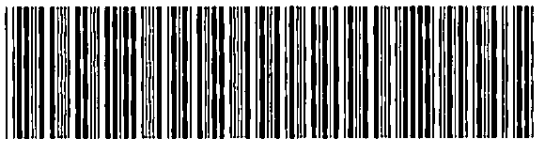
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 NOV 18 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2022 NOV 18 AM 10:45
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/18/2022

WALK IN

ENTITY NAME SP CARAVEL APARTMENTS LLC

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXXX *Plain Copy*

_____ *Certified Copy*

_____ *Certificate of Status*

_____ _____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ *Certified Copy of Arts & Amendments*

_____ *Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

_____ *Certificate of Status*

_____ *Certificate of Status Reflecting:* _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $25.00 ACCOUNT # 120160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SP Caravel Apartments 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:

Jeffrey C Steinert
Name of Person

Jameson Pepple Cantu PLLC
Firm/Company

801 2nd Avenue, Suite 700
Address

Seattle, WA 98104
City/State and Zip Code

AR@STANDARD-COMPANIES.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey C Steinert at (206) 625-9984
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 NOV 18 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FL

SP Caravel Apartments 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 August 8, 2013 and assigned Florida document number L13000112318.

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:
(Principal office address MUST BE A STREET ADDRESS)

c/o Standard Companies
31899 Del Obispo, Suite 150
San Juan Capistrano, CA 92675

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

c/o Standard Companies
31899 Del Obispo, Suite 150
San Juan Capistrano, CA 92675

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: Registered Agent Solutions, Inc.

New Registered Office Address: 155 Office Plaza Drive, Suite A
(Enter Florida street address)

Tallahassee, Florida 32301
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.

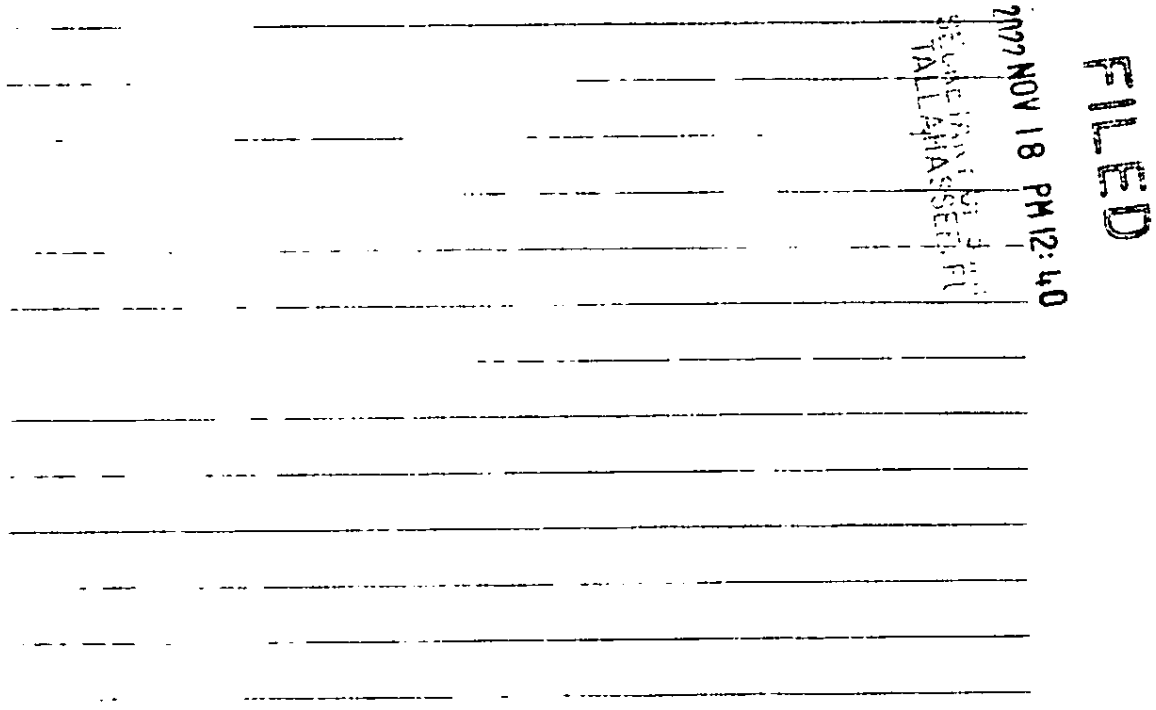
Adam Saldana, Asst. Secretary
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	SP Caravel Manager LLC	5403 West Gray Street	☐Add
		Tampa, FL 33609	☒Remove
			☐Change
MGR	Standard Caravel Manager LLC	c/o Standard Companies	☒Add
		31899 Del Obispo, Suite 150	☐Remove
		San Juan Capistrano, CA 92675	☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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



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

Signature of a member or authorized representative of a member

J. David Page, Manager of SP Caravel Manager LLC

Typed or printed name of signee

Filing Fee: $25.00