

U3000112325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APR 23 2015

S. YOUNG

PEPPLE CANTU, SCHMIDT PLLC

1000 Second Avenue, Suite 2950, Seattle, WA 98104

Jeffrey C. Steinert
(206) 625-9984 Direct
jsteinert@pcslegal.com

April 7, 2015

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: SP and MS LLC – Document Number: L13000112325

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of SP and MS LLC, along with our Trust Check in the amount of \$25.00 to cover the filing fee.

Please let me know if you have any questions.

Very truly yours,



Jeffrey C. Steinert
Administrator

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CLERK OF COURT
TALLAHASSEE, FL

Florida Office
2430 Estancia Boulevard, Suite 114
Clearwater, FL 33761
(727) 724-8585

Web
PCSLEGAL.COM

California Office
505 14th Street, Suite 900
Oakland, CA 94612
(510) 277-4574

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SP and MS 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

Pepple Cantu Schmidt PLLC

Firm/Company

1000 2nd Avenue, Suite 2950

Address

Seattle, WA 98104

City/State and Zip Code

jsteinert@pcslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey C. Steinert

206 625-9984

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SP and MS 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 L13000112325.

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 end with 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
VP	Michael Molinari	5403 West Gray Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33609	<input type="checkbox"/> Remove
VP	Scott Seckinger	5403 West Gray Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

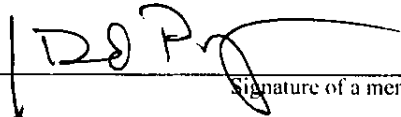
FILED
APR 13 2011
TAMPA, FL

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)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 3, 2015



Signature of a member or authorized representative of a member
J. David Page, Manager

Typed or printed name of signee

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