L13000131031

·	(Requestor's Name)	
	(Address)	
	(Address)	
	(
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Business Entity Name) (Document Number)	
	(Document Namber)	
Certified Copies	_ Certificates of Si	tatus
Special Instructions to	Filina Officer:	
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Office Use Only



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2022 LICT 19 VILLE: 52

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

OCUMENT NUMI	BER
	PLEASE FILE THE ATTACHED AND RETURN
xxxx	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

COVER LETTER

TO: Registration Se Division of Cor							
SP BV Apa	artments LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspond	endence concerning this matter	to the following:					
	Jeffrey C Steinert						
		Name of Person					
	Jameson Pepple Cantu PL	LC					
		Firm/Company					
	801 2nd Avenue, Suite 70	0					
		Address					
	Seattle, WA 98104						
		City/State and Zip Code					
	AR@STANDARD-C	OMPANIES.COM					
	E-mail address: (to be used for future annual report no	oufication)				
For further information of	oncerning this matter, please o	all:					
Jeffrey C Steinert		206 625-9984					
Name o	f Person	at ()	me Telephone Number				
Enclosed is a check for the	he following amount:						
≘ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres		Street Address:	ection				
Registration Division of C		Registration Section Division of Corporations					
P.O. Box 632	27	The Centre of					
Tallahassec,	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 NOV 18 AM II: LO

SP BV Apartments LLC			- milit			
(Name of the Limit	TALL AHASSEE, FL					
The Articles of Organization for this Limited Li	iability Company	were filed on September 27, 2	013 and assigned			
Florida document number 1.13000137031	·					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
The new name must be distinguishable and contain the w	cords "Limited Liabi	lity Company," the designation "Lf	.C" or the abbreviation "L.F.C."			
Enter new principal offices address, if applic	able:	e/o Standard Companies				
Enter new principal offices address, if applica (Principal office address MUST BE A STREET) Enter new mailing address, if applicable:		31899 Del Obispo, Suite 150				
		San Juan Capistrano, CA 92675				
Enter now mailing address, if applicable:		e/o Standard Companies				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ROX)	31899 Del Obispo, Suite 150)			
graning agaress meet be 214 (XVI XVI 1100)	<u> </u>	San Juan Capistrano, CA 92675				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office <u>ss here</u> :	address on our records, <u>ent</u>	er the name of the new registered			
Name of New Registered Agent:	Registered Agr	ent Solutions, Inc.				
New Registered Office Address:	155 Office Pla	za Drive, Suite A				
New Negistered Variety Futures.	Enter Florala street address					
	Tallahassee		Florida 32301			
		Ciţy	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

<u>Title</u>	Name	Address	Type of Action
MGR	SP BV Manager LLC	5403 West Gray Street	
		Tampa, FL 33609	≘ Remove
			□Change
MGR SI	Standard Brookside Manager LLC	c/o Standard Companies	
		31899 Del Obispa, Suite 150	□Remove
		San Juan Capistrano, CA 92675	☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			DAdd
			Change
			DAdd
			Remove
		ПС	☐ Change

											
				 							
											
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Note: I	re date, if otherive date is listed for the date insent's effective	rted in this b	lock does no	ot meet the	applicable s	of filing or m tatutory filin	ore than 90 day	optional safter filin s, this dat	g.) Purst	iant to 605 of be list	5,0207 ed as
e record rd is file	specifies a de d.	layed effecti	ve date, but	not an effec	ctive time, a	12:01 a.m. (on the earlier	of: (b) T	The 90th	ı day afte	r the
Dated _											
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Filing Fee: \$25.00