

L14000 103461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

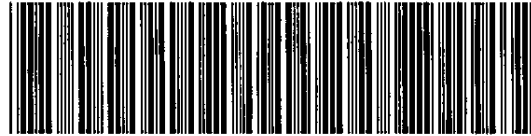
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 18 2014  
J. HARRIS

# PEPPLE CANTU SCHMIDT PLLC

1000 Second Avenue, Suite 2950, Seattle, WA 98104

**Jayna N. Paradise**

(206) 625-1715 Direct

*jparadise@pcslegal.com*

July 17, 2014

## VIA OVERNIGHT COURIER

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

**Re: SP Athens LLC**

To Whom It May Concern:

Enclosed for filing are the Articles of Amendment to the Articles of Organization of SP Athens LLC along with a check in the amount of \$25.00 for the filing fee.

If you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,



Jayna N. Paradise

Paralegal

Enclosures

### Florida Office

2430 Estancia Boulevard, Suite 114

Clearwater, FL 33761

(727) 724-8585

### Web

PCSLEGAL.COM

### California Office

505 14<sup>th</sup> Street, Suite 900

Oakland, CA 94612

(510) 277-4574

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SP Athens 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:

**Jayna Paradise**

Name of Person

**Pepple Cantu Schmidt PLLC**

Firm/Company

**1000 Second Avenue, Suite 2950**

Address

**Seattle, WA 98104**

City/State and Zip Code

**jparadise@pcslegal.com**

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

For further information concerning this matter, please call:

**Jayna Paradise**

Name of Person

**206 625-1711**

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

**SP Athens LLC**

Page 1 of 3

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>
MGR	J. David Page	2430 Estancia Blvd, Suite 101	<input type="checkbox"/> Add
		Clearwater, FL 33761	<input checked="" type="checkbox"/> Remove
MGR	Scott Seckinger	2430 Estancia Blvd, Suite 101	<input type="checkbox"/> Add
		Clearwater, FL 33761	<input checked="" type="checkbox"/> Remove
MGR	SP and MS LLC	2430 Estancia Blvd, Suite 101	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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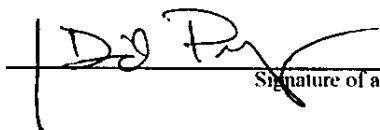
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 July 18, 2014



Signature of a member or authorized representative of a member

SP Athens LLC

Typed or printed name of signee

By: SP Athens Manager LLC, its Manager

By: SP and MS LLC, its Manager

By: J. David Page, Manager

**Page 3 of 3**

**Filing Fee: \$25.00**

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