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TALLAHASSEE, FLORIDA

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COVER LETTER

то:	Registration Se Division of Cor					
CUD IE		EY PARK LLC				
SUBJEC		Name of Lin	aited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Jeffrey C Steinert				
			Name of Person			
		Jameson Pepple Cantu PL	LC			
			Firm/Company			
801 2nd Avenue, Suite 700			0			
Address						
Seattle, WA 98104						
			City/State and Zip Code			
		JSTEINERT@JPCLAW.C				
		E-mail address: (to be used for future annual report noti	fication)		
For furth	er information c	oncerning this matter, please c	all:			
Jeffrey C Steinert		206 625-9984 at ()				
	Name o	f Person		e Telephone Number		
Enclosed	l is a check for th	ne following amount:				
₩ \$25.	00 Filing Fee	□ \$30.00 Filing Fee &: Certificate of Status	\$55.00 Filing Fee & Certified Cupy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:	ation			
Registration Section Division of Corporations		Registration Secondary Division of Cor				
	P.O. Box 632			The Centre of Tallahassee		
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ALLAHASSEE. I	-F	,
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TO THE	: =	

SP MOBLEY PARK 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 C	Company were filed on November 7, 2014	and assigned
Florida document number L14000173715		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	d office address on our records, enter the n	ame of the new registered
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I a gent as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	J. David Page	5403 West Gray Street	
		Tampa, FL 33609	≣Remove
			□Change
MGR	SP Mobley Park Manager LLC	5403 West Gray Street	= Add
		Tampa, FL 33609	□ Remove
			□Change
			□Add
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(If an effe	ctive date is listed, the date must be specific	and cannot be prior to		re than 90 days after	filing.) Pursuant to	
	If the date inserted in this block does no ent's effective date on the Department		ole statutory filing	requirements, this	s date will not be	listed as
	specifies a delayed effective date, but	not an effective tim	ue at l2:01 a m. o.	n the earlier of: (h) The Ofth day	after the
If the record		not all effective (in	c, at 12.01 a.m. of	ii die carier or. (b	m me sour day	aitti uit
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