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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SP Pinellas	IV Manager LLC		
SUBJECT:	Name of Lim	ited Liability Company	
CBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and feets) are submitted for filling. lease return all correspondence concerning this matter to the following: Jeffrey C Steinert			
Please return all correspo	ndence concerning this matter	to the following:	
	Jeffrey C Steinert		
		Name of Person	
	Jameson Pepple Cantu PLI		
		Firm/Company	
	801 2nd Avenue, Suite 700)	
		Address	
	Seattle, WA 98104		
		City/State and Zip Code	
	=-		
1° - Conton			ucation)
For further information c	oncerning this matter, pieuse ci	311:	
Jeffrey C Steinert		at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	: /	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

1 23 # 25 | 21 6:23

SP Pinellas IV Manager LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number $\frac{1.14000194784}{1.14000194784}$	nility Company were filed on December 23, 2014	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	-	
B. If amending the registered agent and/or reg agent and/or the new registered office address t	istered office address on our records, <u>enter the name</u> here:	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Ciņ	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. Thereby 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed</u> from our records:

MGR = Manager AMBR = Authorized Member

AMBR = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u> , 40% 26 PM 5: 23	Type of Action
MGR	SP and MS LLC	5403 West Gray Street	□Add
		Tampa, FL 33609	Remove
			□ Change
MGR	SP and 40 LLC	5403 West Gray Street	= Add
		Tampa, Fl. 33609	□Remove
			🗆 Change
MGR	J. David Page	5403 West Gray Street	🗆 Add
		Tampa, FL 33609	≡ Remove
			□Change
VP	1. David Page	5403 West Gray Street	≣Add
		Tampa, FL 33609	Remove
			□Change
			🗆 Add
			□Remove
			[] Change
		100-00-00-00-00-00-00-00-00-00-00-00-00-	DAdd
			□Remove
			□Change

	ation, enter change(s) here: (Attack	421A11-25	F! C.
			
			
			
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	st be specific and cannot be prior to date of fi lock does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pursuant to ory filing requirements, this date will not be	
e record specifics a delayed effecti rd is filed.	ve date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day	after the
Dated August 22	2020		
JOIN	, 		
	Shenature of a member or authorized repre	sentative of a member	_
J. David Page, Manage	r of SP and MS LLC		
-	Typed or printed name of	signee	_

Filing Fee: \$25.00