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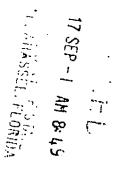
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER ,

TO:	Registration Se Division of Cor			
aunin		Manager LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Jeffrey C. Steinert		
			Name of Person	
		Pepple Cantu Schmidt PLI	C	984 Daytime Telephone Number S60.00 Filing Fee. Certificate of Status &
			Firm/Company	
	1000 2nd Avenue, Suite 2950			
			Address	
		Seattle, WA 98104		
		Address		
				ime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy
For furt	her information co	oncerning this matter, please ca	·	
Jeffrey	C. Steinert		206 625-9984 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SP Terrace 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	ility Company were filed on January 9, 2015	and assigned
lorida document number L15000005316	·	
his amendment is submitted to amend the follow	ing:	
a. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	2.X)	
 If amending the registered agent and/or egistered agent and/or the new registered offic 	registered office address on our records, ente	
egistered agent and/or the new registered orne	e address nere.	SEP
N		1.
Name of New Registered Agent:		3 7
New Registered Office Address:		
	Enter Florida street address	£ .
	Florida	
	City	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 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	SP and MS LLC	5403 West Gray Street	≅ Add
		Tampa, FL 33761	Remove
			_ □ Change
VP	Scott Seckinger	5403 West Gray Street	≅ Add
		Tampa, FL 33761	Remove
			☐ Change
VP	Michael Molinari	5403 West Gray Street	
		Tampa, FL 33761	□ Remove
			□ Change
			D Add
			Remove
			Change
			Add
			Remove
			Change Change
			Remove
			□ Change

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				SEP
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reffective date is listed, the	e date must be specific and car	nnot be prior to date of fili	ng or more than 90 days af	iter filings) Pursu ans to 605:020
	in this block does not meet on the Department of State		ry filing requirements, t	his date will not be listed as
				<u> 7</u> 6 46.
record enecifies a	delayed officials dat	a but not an offer	tiva tima at 12.01	l a.m. on the earlier o
he 90th day after t		e, but not all ellet	dive time, at 12.01	. a.m. on the earlier o
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1 .	012			
1.5	->' (0)			
10	Signature of a men	nber or authorized represe	intative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00