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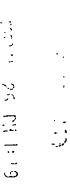
(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phone #	y
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)
(Docum	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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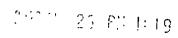
COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Jeffrey C Steinert		
		Name of Person	*
	Jameson Pepple Cantu PL	LC	
		Firm/Company	
	801 2nd Avenue, Suite 700)	
		Address	
	Seattle, WA 98104		
		City/State and Zip Code	
	JSTEINERT@JPCLAW.C	ЭM	
	_	to be used for future annual report noti-	lication)
For further information c	oncerning this matter, please co	att:	
Jeffrey C Steinert		206 625-9984	
Name o	i Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	-
Tallahassee. 1			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SP Autumn Trace Manager LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our re rida Limited Liability Company)	reords.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.15000099310		
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	T.f.C" or the abbreviation "L.f.,C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address hero		nter the name of the new registe
general street registered street natures and	<u>.</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oo	ldress
		, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	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	□AdJ
		Tampa, FL 33609	
			□Change
VP	J. David Page	5403 West Gray Street	■Add
		Tampa, FL 33609	□Remove
			□ Change
			□Кеточе
			□Change
			⊡Add
			□Remove
			□Change

t amending any other informs	ion, enter change(s) here: (Attach addition	an shacia, if noccasury.)
	······	
		
	be specific and cannot be prior to date of filing or mor ck does not meet the applicable statutory filing	
record specifies a delayed effective I is filed.	date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
ated August 22	2020	
in M	<u> </u>	
\	Signature of a member or authorized representative o	f a member
J. David Page, Manager	of SP and MS LLC	

Filing Fee: \$25.00