Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6393

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

Enter the email address for this business entity to be used for futire annual report mailings. Enter only one email address please.

Email Address:_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPP2016 LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPP2016 LLC	_		
(Name of the Limited Li (A F	orida Limited L	iy as it now appears i liability Company)	an our records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L16000100165</u>	ty Company	were filed on 05/2	3/2016 and assigned
This amondment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the			
The new name must be distinguishable and contain the words	'Limited Liahil	ity Company," the des	rignation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	:	505 S. Flagler Dr	ive #900
Principal office address MUST BE A STREET A		West Palm Beach	n. FL 33401
Enter new mailing address, if applicable:		505 S. Flagler Dr	dve #900
(Mailing address MAY BE A POST OFFICE BOX)		West Palm Beach	h, FL 33401
B. If amending the registered agent and/or registered agent and/or the new registered office	address her	ffice address on c:	our records, enter the name of the new
Name of New Registered Agent.			-
New Registered Office Address:	1380 Prosper	ity Farms Road #22 Enter Flori	1E ida street addrew
1	Palm Beach G	ardens	, Florida 33410
-		City	Zip Code
New Registered Agent's Signature, if changing Regi	stered 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.

Jenisa Irizarry, Attorney-in-Fact

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	SPP2016 MANAGEMENT LLC	505 S. Flagler Drive #900	
		West Palm Beach, FL 33401	Remove
			Change
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			□ Change
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Note: If	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puthe date inserted in this block does not meet the applicable statutory filing requirements, this date will a effective date on the Department of State's records.	arsuant to 605 Il not be list	,0207 (3) ed as the	(b) :
If the reco (b) The 9	d specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on 0 th day after the record is filed.	the earli	er of:	
Dated	23			
	Signature of a member or authorized representative of a member			
	213 Butthe of a member of antioused refuestimens of a frequen			

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Filing Fee: \$25.00