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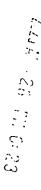
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COVER LETTER

TO:

Registration Section

Division o	of Corporations						
4.5 6.5 6.6 6.1 5.2 5.5 15.	ointe Manager LLC						
SUBJECT:Name of Limited Liability Company							
The enclosed Articl	les of Amendment and fee(s) are	submitted for filing.					
Please return all co	crespondence concerning this ma	tter to the following:					
	Jeffrey C Steinert						
		Name of Person					
	Jameson Pepple Cantu	PLLC					
	-	Firm/Company					
	801 2nd Avenue, Suite	700					
		Address					
	Seattle, WA 98104						
		City/State and Zip Code					
	JSTEINERT@JPCLAV						
	E-mail addre	ss: (to be used for future annual report no	tification)				
For further informa	ntion concerning this matter, plea	se call:					
Jeffrey C Steinert		206 625-9984					
.\	Name of Person	at () Area Code Dayti	me Telephone Number				
Enclosed is a check	s for the following amount:						
■ \$25.00 Filing 1	Fee ☐ \$30.00 Filing Fee & Certificate of Statu.	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)				
<u>Mailing A</u> Registra	<u>address:</u> ition Section	Street Address: Registration S	ection				
Division of Corporations			Division of Corporations				
P.O. Box			The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SP Pointe Manager LLC	
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	
Florida document number 1.16000158899	·
This amendment is submitted to amend the following:	;
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	amited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new register</u> <u>e</u> :
Name of New Registered Agent:	
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. 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 from our records:</u>

MGR = Manager

AMBR = Authorized Member

27 17 30 23

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SP and MS LLC 5403 West Gray Street		□Ada
		Tampa, FL 33609	
			□ Change
MGR	SP and 40 LLC	5403 West Gray Street	■Add
		Tampa, FL 33609	□Remove
			□ Chunge
MGR	J. David Page	5403 West Gray Street	
		Tampa, FL 33609	■Remove
			☐ Change
VP	J. David Page	5403 West Gray Street	■Add
		Tampa, Fl. 33609	□Remove
			□Change
			DAJJ
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date of filin effective date is listed, the date must be specific an	d cannot be prior to	date of filing or mor	(option	o nal) filing l Pu	rsuant to 605 0
te: If the date inserted in this block does not	meet the applicab				
ument's effective date on the Department of	State's records.				
cord specifies a delayed effective date, but no	t an effective time	e, at 12:01 a.m. or	the earlier of: (b) The 90	th day after t
s filed.				•	•
ed August 22	2020				
ea	,	•			
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Jan 19	mamba o ast - '	d	(a mambar		 _
Signature of a	member or authoriz	zed representative o	f a member		

Filing Fee: \$25.00