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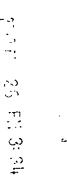
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C. GOLDEN

COVER LETTER

TO:

Registration Section Division of Corporations

SP West M SUBJECT:	anager LLC		
30 B3 I, C. C.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey C Steinert		
		Name of Person	
	Jameson Pepple Cantu PL	LC	
		Firm/Company	
	801 2nd Avenue, Suite 700	J	
		Address	·····
	Seattle, WA 98104		
		City/State and Zip Code	
	JSTEINERT@JPCLAW.C	ЭM	
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Jeffrey C Steinert		206 625-9984	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 - 1 - 23 - P.1 3: 34

SP West Manager LLC				
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabili	ty Company were filed on October 11, 2016	and assigned		
lorida document number L16000187636				
his amendment is submitted to amend the following	ਸੂ:			
A. If amending name, enter the new name of the	limited liability company here:			
he new name must be distinguishable and contain the words.	Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	·			
Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or regist agent and/or the new registered office address he	•	ame of the new regis		
Name of New Registered Agent:				
New Registered Office Address:				
	Emer Florida sireet address			
<u> </u>	, Florida			
	Сиу	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>	Name	Address	Type of Action
MGR	SP and MS LLC	5403 West Gray Street	
		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	J. David Page	5403 West Gray Street	■Add
		Tampa, FL 33609	□Remove
		19	□ Change
			□Add
			□Remove
			☐ Change
			Dadi
			□Remove

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I Double Date Manager of SD and MS II C		(Signa) ure of a member	er or authorized re	epresentative of a me	mber	
J. David Page, Manager of SP and MS LLC	l J. David Page, Manag	er of SP and MS LLC				

Filing Fee: \$25.00