LICOCO 18-7647

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

SP Compas SUBJECT:	s Manager LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeffrey C Steinert		
		Name of Person	
	Jameson Pepple Cantu PL	LC	
		Firm/Company	
	· .		
	Seattle, WA 98104		
		City/State and Zip Code	
	JSTEINERT@JPCLAW.C		
	E-mail address: (to be used for future annual report not	itication)
For further information e	oncerning this matter, please c	all;	
Jeffrey C Steinert		206 625-9984	
Name o	í Person	at ()	ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 2020 AU : 25 PG 6: 21

SP Compass Manager LLC (Name of the Limited Liability Company as it now appears on our records.)

Liability Company)	
were filed on October 11, 2016	and assigned
oility company here:	
ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
address on our records, <u>enter the n</u>	ame of the new regis
Enter Florida street address	
, Florida	Zîp Code
	were filed on October 11, 2016 bility company here: ility Company," the designation "LLC" or the address on our records, enter the number of the street address.

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, 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 2000 AU 125 Fil 6: 21	Type of Action
MGR	SP and MS LLC	5403 West Gray Street	DAdd
		Tampa, FL 33609	
			□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
			□Change
			🗆 Aðd
			□Remove
			□ Change
			□∧dd
			□Remove
			□Change

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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicab	o date of filing or more than 90 days after filing.) Pursuant to 605.
iment's effective date on the Department of State's records.	one statutory many requirements, and date will not be liste
ord specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	
d August 22 2020	
1 + 01	
Signature of a member or authori	

Filing Fee: \$25.00