<u>U6000194879</u>

(Re	equestor's Name)	
(Ac	ldress)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. SCOTT NOV 8 2016

COVER LETTER

	egistration Sec vision of Corp						
SUBJECT	SP Orange A	Ave Revitalization LLC					
	· · · · ·	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	_				
		Jeffrey C. Steinert					
		••	Name of Person				
	Pepple Cantu Schmidt PLLC						
Firm/Company							
1000 2nd Avenue, Suite 2950							
	Address						
Seattle, WA 98104							
City/State and Zip Code JSTEINERT@PCSLEGAL.COM							
		-	to be used for future annual re	port notification	n)		
For further	information co	ncerning this matter, please ca	all:				أأحافا أغير بسي
Jeffrey C. S	Steinert		206 625- at ()	-9984			<i>:</i> ,
	Name of	Person	Area Code	Daytime Telep	phone Number	TALL TALL	· · · · · · · · · · · · · · · · · · ·
Enclosed is	a check for the	e following amount:				题。1	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		Sectificate Certificate Certified C (additional co	ng Fee O	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SP Orange Ave Revitalization LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 21, 2016 and assigned Florida document number ____L16000194879 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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, 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>	<u>Name</u>	Address	Type of Action
VP	Brianne Heffner	5403 West Gray Street	= Add
		Tampa, FL 33609	☐ Remove
			Change
		<u> </u>	Add
			□ Remove
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Effective date, if other than the lf an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	olock does not	meet the appli	cable statutory fil	more than 90 days a ing requirements,	ptional) ifter filing.) Purs this date will i	uant to 605.03 not be listed
ne record specifies a delaye			ot an effective	time, at 12:0	1 a.m. on t	he earlier
The 90th day after the re					السنة المساد	⊇ .
October 25		2016			4	至 多
The 90th day after the re Dated October 25.		2016	<u></u> .		AHASSEE	NOV -7 PE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00