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Amend CC

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SDPS REAL ESTATE INVESTMENTS II, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jim Stockman Name of Person Firm/Company **2579 SW 87TH DRIVE** Address GAINESVILLE, FL 32608 City/State and Zip Code Jim@VikingCompanics.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jim Stockman Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SDPS REAL ESTATE INVESTMENTS II, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our record Liability Company)	<u>'ds.</u> )
he Articles of Organization for this Limited Liability Compan	y were filed on 11/21/2016	and assigned
lorida document number L16000213407		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		28 TI
·		三三三二
		50
nter new mailing address, if applicable:		ITT
		. 3
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	imier Fioriua sirvet aaa	Kata
		Florida Zip Code
	City	гар Соце

## 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 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
MGR	SVEIN H. DYRKOLBOTN	2579 SW 87TH DRIVE	□Add
		GAINESVILLE, FL 32608	≅Remove
			□Change
MGR	SHD-Celebration Pointe, LLC	2579 SW 87TH DRIVE	∃Add
		GAINESVILLE, FL 32608	□Remove
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			□Change

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