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## **COVER LETTER**

TO: Registration Se Division of Con			
CHIR IN COR			
SUBJECT:		ed Liability Company	
		-	
	Jeffrey C. Steinert		
	Apartments LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  sepondence concerning this matter to the following:  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  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (		
	Pepple Cantu Schmidt PLL	c	
		Firm/Company	
•	1000 2nd Avenue, Suite 29:	50	
-		Address	
	Seattle, WA 98104		
		•	
	•		ntion)
For further information of	·	·	
Jeffrey C. Steinert	-		
Name o	) F Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: 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 TH APARTMENTS LLC		<del></del>
(Name of the Limited Liability Comp (A Florida Limited	any as it new appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000010774	y were filed on January 13, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1 C T
(Principal office address MUST BE A STREET ADDRESS)		
		- e'
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	•
<del></del> _	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, 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

Title	<u>Name</u>	Address	Type of Action
MGR	SP and West Properties LLC	5403 West Gray Street	Add
		Tampa, FL 33609	■ Remove
	•		Change
MGR	SP TH Manager LLC	5403 West Gray Street	
		Tampa, FL 33609	Remove
		-	Change
·			Add
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Typed or printed name of signee

Filing Fee: \$25.00