L17000010777

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		NAGER LLC		
SOPIEC	JI;	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jeffrey C Steinert		
			Name of Person	
		Jameson Pepple Cantu PL	LC	
		• •	Firm/Company	
		801 2nd Avenue, Suite 700)	
			Address	
		Seattle, WA 98104		
		JSTEINERT@JPCLAW.C	City/State and Zip Code	
		-	to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please c	all:	
Jeffrey (C Steinert		206 625-9984 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	d 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration S	ection
	Registration S		Negistration 5	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SP TH MANAGER LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on January 13, 2017	and assigned
Florida document number L17000010777		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	aZip Code
	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 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>	<u>Address</u>	Type of Action
VP	Brianne Heffner	5403 West Gray Street	
		Tampa, FL 33609	□Remove
			□Change
			□Add
			
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

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Dated		
S = 1 . D		June 24, 2020
Signature of a nature or authorized representative of a member	Sated	
	Dated	5. 1. 12/

Filing Fee: \$25.00