117000010780

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800294892028

01/31/17--01016--008 **25.00

17 JAN 31 AH II: 25

O SIMMONS FEB 0 2 2017

COVER LETTER

Division of Cor	rporations		
SUBJECT: SP Magnol	lia LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey C. Steinert		
•		Name of Person	
	Pepple Cantu Schmidt PLI	LC .	
		Firm/Company	-
-	1000 2nd Avenue, Suite 29	950	
		Address	·
	Seattle, WA 98104		
		City/State and Zip Code	
	JSTEINERT@PCSLEGAL		
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
Jeffrey C. Steinert		206 625-9984	
Name o	Person		Celephone Number
Enclosed is a check for ti	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO:

Registration Section

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

(Name of the Limited Liab	illity Company as it now appears on our records.) ida Limited Liability Company)	
(A Flori	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on January 13, 2017	and assigned
Florida document number L17000010780		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
		生土
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADL	DRESS)	
` •		75
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		ter the name of the new
registered agent and/or the new registered office ad	ldress here:	
Name of Many Producted Assess		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	<u> </u>	
	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SP and MS LLC	5403 West Gray Street	
	·	Tampa, FL 33609	Remove
	,		Change
MGR	SP Magnolia Manager LLC	5403 West Gray Street	
		Tampa, FL 33609	Remove
			Change
			D Add
			Change
			☐ Change
			□ Remove ¬
			Change
			Add
			□ Remove
			□ Change
			
			□ Remove
			Change

		<u>"</u>		•		
			 .			
						
					<u>-</u>	
					 -	
		-				<u> </u>
·		<u></u> .	<u></u>		_ _	7 Jan 3
			<u></u>		<u>.</u>	<u></u>
				· · · · · · · · · · · · · · · · · · ·	<u></u>	3
					·	
						- B
	<u> </u>					
				<u></u>		<u>.</u>
				·- ··· · · · · · · · · · · · · · · · ·		
						
		····				
ctive date, if	other than the dat isted, the date must be	e of filing:			(optional)	
<u>e:</u> If the date in	serted in this block	does not meet the	e applicable stati	iting or more than atory filing requir	90 days aner illing. ements, this date	will not be listed a
micut 2 cilectiv	e date on the Depar	ment of State's I	ccoras.			
	ies a delayed ef after the record		but not an ef	fective time, a	t'12:01 a.m.	on the earlier o
10	_ ~	~	~~			
ed <u>UANUA</u>	reg 25	, <u>2</u>	211			
	1000					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00