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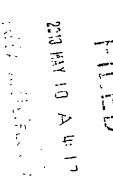
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D SCOTT MAY 21 2019

COVER LETTER

TO: Registration Se Division of Cor					
	ry Park Manager LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	Jeffrey C Steinert				
		Name of Person			
	Pepple Cantu Schmidt PLL	С			
		Firm/Company		_	
	1000 2nd Avenue, Suite 29	50	۶۲. ات	2313 MAY	- 7- 1
		Address	:	77	
	Seattle, WA 98104		,	6	
		City/State and Zip Code			C
	JSTEINERT@PCSLEGAL.	COM o be used for future annual report notific	estion)		
For further information of	concerning this matter, please ca		, ;	. " J	
Jeffrey C Steinert		206 625-9984			
Name o	of Person		Telephone Number		
Enclosed is a check for t	he 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 Certificate of Certified Co (additional cop	of Status &	

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 Hickory Park Manager LLC				
(Name of the Limited Liability 6 (A Florida Li	Company as it now appears on our records mited Liability Company)	<u>) </u>		
The Articles of Organization for this Limited Liability Con Florida document number L17000176078	npany were filed on August 17, 2017		and assig	rned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbrevi	ation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
		<u> </u>	- į-	
Enter new mailing address, if applicable:		<u> </u>	ご 表	7
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>		==	
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records ss here:	, enter the	pame o	f the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flo	orida	Zin 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 W Gray St	= Add
-		Tampa, FL 33609	
			Remove
			Change
MGR	J David Page	5403 W Gray St	⊟ Add
		Tampa, FL 33609	Remove
MGR	Stephen W Page	1911 65th Avenue W	
		Tacoma, WA 98466	Add
			□ Change
MGR	Paul C Fortino	1911 65th Avenue West	
		Tacoma, WA 98466	# Remove
			Change
MGR	Scott Seckinger	5403 W Gray St	DA6d
		Tampa, FL 33609	Remove
			☐ Change
MGR	SP and West Properties LLC	5403 W Gray St	
		Tampa, FL 33609	Remove
			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>	Name	<u>Address</u>	Type of Action
VP	Scott Seckinger	5403 W Gray St	
		Tampa, FL 33609	☐ Remove
	D : 17 M		□ Change
VP	Brianne Heffner	5403 W Gray St	
		Tampa, FL 33609	
			Remove
	•		☐ Change
			- -
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ective date, if other than	the date of filing:		(options	al)
a affective date is listed, the date.	must be specific and cannot be presided to be specific and cannot be presided to be specificated and specifications.	or to date of filing of more	than 90 days after fill equirements, this di	ng.) Pursuant to 605.02 ate will not be listed
cument's effective date on th	e Department of State's recon	is.		
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record specifies a dela The 90th day after the	yed effective date, but i record is filed.	iot an enective un	ie, at 12.01 a.ii	ii. Oil the earlier
ted May 3	2019			
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Supe	Signature of a member or au	thorized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00