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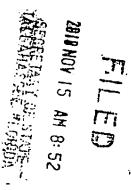
(Requestor's Name)
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aun ine	SPG Manag					
SUBJEC	.1;	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	•			
		FRANK R. KEASLER. JF	ι.			
			Name of Person			
		SPG Management Compa	ny, LLC			
			Firm/Company			
		7235 BONNEVAL ROAD)		7818 1165	
			Address		最高	71
		JACKSONVILLE, FL 322	256		5	F
City/State and Zip Code trank@sunshinepartners.com					AM S	TILED
For furth	er information c	E-mail address: (to be used for future annual report noti all:	fication)	\$ 52 1867	
FRANK	R. KEASLER.	JR.	904 208-8500 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e 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

SPG Management Company, LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on September 24, 2018 and assigned
Florida document number L18000226573	<u></u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	(RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Designant Assess	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sunshine Partners Group, LLC	7235 Bonneval Road	
		Jacksonville, FL 32256	■ Remove
			Change
MGR	Sunshine Partners Group, Inc.	7235 Bonneval Road	Add
		Jacksonville, FL 32256	□ Remove
			Change
			Reserve
			Diffemoves 2
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

NONE	
	40 6
	ZOIO NOV 15
	15
	A A
fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605.020 le statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	, , ,
record specifies a delayed effective date, but not a	ал effective time, at $12{:}01\ a.m.$ on the earlier α
The 90th day after the record is filed.	
November 09, 2018_	
ated	.•
All a land	
Julio Co	zed representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00