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(Re	equestor's Name)	
(Ac	ldress)	
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(Cř	ty/State/Zip/Phone	; #)
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(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations

Southport GP Holdings LLC
SUBJECT:

00000CCT

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey C Steinert

Name of Person

Pepple Cantu Schmidt PLLC

Firm/Company

801 2nd Avenue, Suite 700

Address

Seattle, WA 98104

City/State and Zip Code

JSTEINERT@PCSLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy (s 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 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

Southport GP Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on October 10, 2019	and assigned
Florida document number L19000255618		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	<u>bility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liab	bility Company." the designation "LLC" or the	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: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ZOIS NOV IS AFter of the Inter
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

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<u>Title</u>	Name	Address	<u>Type of Action</u>
VP	Seckinger, Scott	5403 West Gray Street	_
		Tampa, FL 33609	
			Remove
			Change
VP	Molinari, Michael	5403 West Gray Street	🔄 Add
		Tampa, FL 33609	Remove
			Change
VP	Heffner, Brianne	5403 West Gray Street	
		Tampa, FL 33609	
		<u> </u>	Remove
			Change
<u> </u>			🔤 Add
		v_	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

n	If amending any other information	enter change(s) here:	(Attach additional sheets, if necessary.)	
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

November 4 Dated	2019	
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12	L I OX	
	Signature of a guember or authorized representative of a member	
J. David Page.	Manager	
	Fyped or printed name of signee	