## LZO 000058159

	uestor's Name)	
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C. GOLDEN SEP 2 0 2020

## **COVER LETTER**

	ion Section of Corporations		
	iver Bend Manager LLC		
SUBJECT:	Name of L	imited Liability Company	<del></del>
The enclosed Artic	les of Amendment and fee(s) are s	ubmitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
	Jeffrey C Steinert		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Jameson Pepple Cantu F	PLLC	
	<u>-</u> - <u>-</u> ' <u></u>	Firm/Company	
	801 2nd Avenue, Suite 7		
		Address	
	Seattle, WA 98104		
	· — <del>-</del>	City/State and Zip Code	<del>.</del> .
	JSTEINERT@JPCLAW.	COM	
	E-mail address	: (to be used for future annual report not	ification)
For further informa	tion concerning this matter, please	call:	
Jeffrey C Steinert		206 625-9984	
У	ame of Person	at ()	ne Telephone Number
Enclosed is a check	for the following amount:		
# \$25.00 Filing F	Tee ☐ \$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)
<u>Mailing A</u>	ddress: ion Section	Street Address:	ection
	of Corporations	Registration Se Division of Co	
P.O. Box	: 6327	The Centre of T	lallahassee
Tallahass	see, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· 2000 31 AD 9:03

SP RIVER BEND LLC		
(Name of the Limited Liz (A Fig.	ability Company as it now appears on our orda l imited Liability ( ompany)	r records.)
The Articles of Organization for this Limited Liabilit Florida document number L2000000058159		20, 2020 and assigned
This amendment is submitted to amend the following	<b>g</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et 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	SP River Bend LLC	5403 W Gray St	□Add
		Tampa, FL 33609	#Remove
			Change
MGR	SP River Bend Manager LLC	5403 W Gray St	<b>≕</b> Add
		Tampa, FL 33609	□Remove
			□ Change
			_ □Add
			□Add
			Remove
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an effective date is listed, the date muote: If the date inserted in this becument's effective date on the Effective date of the Eff	Department of State's records.	, at 12:01 a.m. on the earlier of	: (b) The 90th day after the
ote: If the date inserted in this becument's effective date on the I record specifies a delayed effectivis filed.	Department of State's records.		: (b) The 90th day after the

Filing Fee: \$25.00