## LZ10000 38579

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
ellb ite	SP Casa, LL	.C		·	
SUBJE					
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	etum all correspo	ndence concerning this matter	to the following:		
		Jacklyn Pringle			
			Name of Person		
		BridgeBuilder Tax + Legal	Services, P.A.		
			Firm/Company	<del></del>	
		9325 Pflumm Rd			
		Address			
		Lenexa, KS 66215			
			City/State and Zip Code		
		jpringle@bbtaxlaw.com			
			to be used for future annual report notifi	ication)	
For furth	her information c	oncerning this matter, please co	all:		
Jacklyn	Pringle		913 at ( )		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne following amount:			
₩ \$25	5,00 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 S		Street Address: Registration Sec	etion	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

SP Casa, LLC

company has been notified in writing of this change.

(ATT	iona Liniita Lia	omey company)	to the second of the second
The Articles of Organization for this Limited Liabili	ity Company w	ere filed on February	22, 2021 and assigned
Florida document number L21000088579	·		
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liabili	ty company here:	
SP 169 Delray, LLC			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designati	on "ELC" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable	<b>::</b>	18975 Collins Ave	
(Principal office address MUST BE A STREET ADDRESS)		Sunny Isles Beach, FL	33160
Enter new mailing address, if applicable:		14645 Briar Street	
(Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>	Leawood, KS 66224	
		Edution, Its 6722	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office ad ere:	dress on our records	s, enter the name of the new registe
Name of New Registered Agent:	aul Kushnir		
New Brainten d Office Address:	8975 Collins As	ve	
New Registered Office Address:		Enter Florida stre	pet address
s	Sunny Isles Bead	h	, Florida
_	. <del></del>	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis	ınd complete p ed agent as pi	erformance of my di ovided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Restered 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
			□Add
			Remove
			□Change
			□Remove
			□ Change
			□Add
			Change
			□Add
			□Remove
			□Change
			Change
			□ Add
			□Remove
			Change

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(If an effect Note: 11	te date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	January 5, 2022
Dated _	January 5, 2022
Dated _	Signature of antember of authorized representative of a member