

L21 000229779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

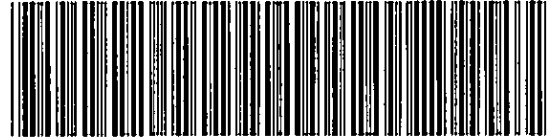
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/13/21
TMM

Office Use Only



900374156109

10/04/21--01020--024 **25.00

21 OCT -4 PM 12:14



September 29, 2021

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

We currently only have one of our owners, Charles Thompson, listed as a Manager on our registration for SPM 247 Florida, LLC with the Florida Department of State. We would like to add our broker, Nicholas Guadagnino, and myself as additional Managers. I am not sure if we can have multiple Managers, but if not, we are fine with adding Nick and myself as Authorized Members instead of Managers.

Please let me know if anything further is needed.

Sincerely,

Michael Jeppson

Vice President of Finance

Enclosed: Amendment form signed by the current Manager, Charles Thompson

P 214.347.7394 | F 214.296.9380

Mailing Address: 5720 Lyndon B Johnson Fwy, Ste 640, Dallas, TX 75240

Physical Address: 100 S Ashley Dr, Ste 600-1116, Tampa, FL 33602-5300

mike@specialized247.com www.Specialized247.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPM 247 Florida, LLC

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:

Michael Jeppson

Name of Person

SPM 247 Florida LLC

Firm/Company

5720 LBJ Freeway, Suite 640

Address

Dallas, TX 75240

City/State and Zip Code

mike@specialized247.com

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

For further information concerning this matter, please call:

Michael Jeppson

214 3477394
at ()

Name of Person

Area Code

Daytime Telephone Number

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 is 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 Address:

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**

21 007 -4 PM 12: 14

SPM 247 Florida, 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 Company were filed on May 18, 2021 and assigned
Florida document number L21000229779.

This amendment is submitted to amend the following:

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 "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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

21 OCT -4 PM 12: 14

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicholas Guadagnino	Specialized Property Management	<input checked="" type="checkbox"/> Add
		5720 Lyndon B Johnson Fwy, Ste 640	<input type="checkbox"/> Remove
		Dallas, TX 75240	<input type="checkbox"/> Change
MGR	Michael Jeppson	Specialized Property Management	<input checked="" type="checkbox"/> Add
		5720 Lyndon B Johnson Fwy, Ste 640	<input type="checkbox"/> Remove
		Dallas, TX 75240	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 OCT -4 PM 12:14

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 29, 2021



Signature of a member or authorized representative of a member

Charles Thompson

Typed or printed name of signee

Filing Fee: \$25.00