## 121000421497

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: SP I	Durelee Manager LLC		
	Name of Lim	ited Liability Company	<del>-</del>
	Amendment and fee(s) are sub	-	
Please return all correspo	indence concerning this matter	to the following:	
	Jeffrey C Stel	nert	
		Name of Person	
	Jameson Pepple	Cantu PLLC	
		Firm/Company	
	801 2nd Avenue	, Suite 700	
		Address	
	Seattle, WA 9	8104	
		City/State and Zip Code	
	JSTEINERT@JPCL		atif antique)
		to be used for future annual report n	ottication)
For further information of	concerning this matter, please c	all:	
Jeffrey C Ste	inert	at ( 206 ) 625-	9984
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

21 OCT -4 PH 3: 12 OF

If Changing Registered Agent, Signature of New Registered Agent

## SP Durelee Manager 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 w	vere filed on <u>Septemb</u>	er 23, 2021 and assigned
Fiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 adagent and/or the new registered office address here:	dress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	_	, Florida
Now Berinsend Assetts Simonous if the same Designated Asset	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duti ovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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 00T -4 PH 3: 12

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	J. David Page	5403 W Gray Street	⊐Add
		Татра, Гл. 33609	<b>∄</b> Remove
	J. David Page	5403 W Gray Street	<b>∑</b> Add
		Tampa, FL 33609	□Remove
			□ Change
			□Add
		<u></u>	⊡Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
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<u> </u>	
(If an effec <u>Note:</u> I	e 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 _	September 28, 2021
	Signature of a member or authorized representative of a member
	Signature of a member of against zer respectment of a member

Filing Fee: \$25.00