122000067365

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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T. MATTHEWS MAR - 7 2022

COVER LETTER

TO: Registration Section Division of Corporations				
SP Northy				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
	ondence concerning this matter	•		
	Jeffrey C Steinert			
		Name of Person		
	Jameson Pepple Cantu PL	LC		
		Firm/Company		
	801 2nd Avenue, Suite 70	10		
	 	Address		
	Scattle, WA 98104			
		City/State and Zip Code		
	JSTEINERT@JPCLAW.C	OM to be used for future annual report no		
For further information of	concerning this matter, please o	•	ntneanon)	
Jeffrey C Steinert		206 625-9984		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
冒 \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration S	ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		27 (7 (4. 1410III)	or paret, parte ore	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FC 125 FD 2: 58

SP NORTHWOOD LLC		
(Name of the Limited Li (A F)	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number L22000067365	ity Company were filed on February 8	and assigned
This amendment is submitted to amend the following	g:	
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 applicables	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist 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	
	enier riorida stree	
_	City	Florida

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
VP Michael Molinari	Michael Molinari	5403 West Gray Street	
		Tampa, FL 33609	■Remove
VP Seckinger, Scott	Seckinger, Scott	5403 West Gray Street	□Add
		Tampa, FL 33609	■ Remove
			□Change
VP PJ Hornik	PJ Hornik	5403 West Gray Street	
		Tampa, FL 33609	■Remove
			Change
			□Add
		·	□Remove
		<u> </u>	Change
			□Remove
			Change
		•	□Add
			□Remove
			□Change

). If amendu	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	<u> </u>
-	
	
(If an effective Note: If the	ate, if other than the date of filing:
he record spe ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	· · · · · · · · · · · · · · · · · · ·
	10
-	Signature of a member or authorized representative of a member
2	I. David Page, Manager of SP and 30 LLC, Manager of SP Northwood Manager LLC
-	Typed or printed name of signec

Filing Fee: \$25.00