# LIECCO 22511

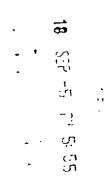
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## **COVER LETTER**

	Registration Sec Division of Corp			
SHRIFC	SL49 LLC			
50 BJEC	, <u></u>	Name of Limi	ited Liability Company	
The encl	osed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		ALEJANDRO MOLIERI		
			Name of Person	<u> </u>
		MENDEZ MOLIERI & CO	o	
			Firm/Company	
		2600 S DOUGLAS RD, SI	UITE 501	
			Address	
		CORAL GABLES, FL 331	134	
			City/State and Zip Code	
		AMOLIERI@MMCO-CPA		
		E-mail address; ()	to be used for future annual report notif	cation)
For furth	er information co	oncerning this matter, please ca	ıll:	
ALEJA	NDRO MOLIER		at () 742-2800 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SL49 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 JANUARY 25, 2018 and assigned Florida document number 1,18000022511

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 o	
	Emer r wraa sireer a	
	City	_, Florida Ziv 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>	<u>Address</u>	Type of Action
MGR	ALEJANDRO MOLIERI	2600 S DOUGLAS RD, STE 501	
		CORAL GABLES, FL 33134	Remove
			Change
MGR	GADDITANOZ INVESTMENTS I	2600 S DOUGLAS RD, STE 501	<b>⊟</b> Add
		CORAL GABLES, FL 33134	□ Remove
			Change
			Add
		<del>.</del>	□ Remove
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ive date, if other than the c ective date is listed, the date must If the date inserted in this block	hate of filing:  be specific and cannot be prior to date of the does not meet the applicable starpartment of State's records.	(option of filing or more than 90 days after tutory filing requirements, this	onal) filing.) Pursuant to 605 date will not be liste
	Annell of Bille 17 records.		
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ent's effective date on the Dep ord specifies a delayed 90th day after the reco	effective date, but not an error is filed.	4	a.m. on the earlie
ent's effective date on the Dep ord specifies a delayed 90th day after the reco	rd is filed.	ffective time, at 12:01 a	. 3
ent's effective date on the Dep ord specifies a delayed 90th day after the reco AUGUST 19	rd is filed.	Zw.	4

Page 3 of 3

Filing Fee: \$30.00