

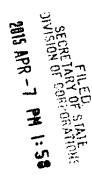
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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AMUND 10 4,54,15

COVER LETTER

TO:	Registration Section Division of Corpor				
CLUB IE	· ·	SDC HOLDIN	vos ccc		
SUBJE	CI;		Liability Company		
The end	losed Articles of Am	endment and fee(s) are submitt	ed for filing.		
Please r	eturn all corresponde	nce concerning this matter to the	ne following:		
		DONNA	FN1500 Name of Person		
			Name of Person		-
		SDC HO	OLDINGS	CCC	
			Firm/Company		-
		570	GCEN W.	AY	
		······································	Address		_
		MIAMIS	SPRINGS,	, F(. 33/66	,
	_	Fris	ity/State and Zip Code	, F(. 33/66 //south.ne	
	_	E-mail address: (to be	used for future annual r	eport notification)	
For furt	her information conc	erning this matter, please call:			
	DONNA	Frisco	at (305)	968-3/00 Daytime Telephone Number)
	Name of Pe	rson	Area Code	Daytime Telephone Number	г
Enclose	d is a check for the fo	ollowing amount:			,
\$25	.00 Filing Fee I	□ \$30.00 Filing Fee & □ Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica osed) Certified	ite of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment articles of organization of

JD C H	OCDINOS C.C.C
	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 01/08/3001 and assigned 09/80
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the words "I	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 ADD	ORESS)
Enter new mailing address, if applicable:	A SECURE TARY
(Mailing address MAY BE A POST OFFICE BOX)	3
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Resident	PHIUP GIBERSON	570 G(EN WAY	🗅 Add
		MIAMI SPRINUS, F.C. 3310	66 M Remove
MGR	DOWNA FRISCO	570 GLEN WAY	MAdd
		MIAMISARINGS, FC 3316	66_□ Remove
MGR	ROW FRISCO	570 GLEN WAY	MA Add
		MIAMI SPRINGS, FL 331	<u>′66</u> □ Remove
MGR	20-Dee GBERSON	570 GLEN WAY	t Add
		MIAMI SALINOS, FC. 33/60	6 □ Remove
			□ Remove
			Remove
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- E. Effecti	ve date, if other than the date of filing: (optional)
(The effe	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effe	ve date, if other than the date of filing:
(The effe	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effe	ethis document is filed by the Florida Department of State) 4/3/30/5 August Alauma State Comparison of State and cannot be more than 90 days after a this document is filed by the Florida Department of State)
(The effe	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effe	ethis document is filed by the Florida Department of State) 4/3/30/5 August Alauma State Comparison of State and cannot be more than 90 days after a this document is filed by the Florida Department of State)

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Filing Fee: \$25.00