# L03000031859

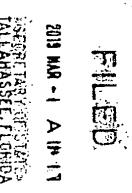
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## **COVER LETTER**

TO: Registratio . Division of	n Section Corporations								
SFL In	vestment Group, LLC								
Name of Limited Liability Company									
The enclosed Article	s of Amendment and fee(s) are submitted for filing.								
Please return all corr	espondence concerning this matter to the following:								
	Marina Armstrong								
	Name of Person								
	SFL Investment Group, LLC								
Firm/Company									
	18302 Highwoods Preserve Parkway, Suite 110								
	Address								
	Tampa, FL 33647								
	City/State and Zip Code klrw395@kw.com								
	E-mail address: (to be used for future annual report notification)								
For further information	on concerning this matter, please call:								
Marina Armstrong	813 991-1043 at ()								
Nai	ne of Person Area Code Daytime Telephone Number								
Enclosed is a check f	or the following amount:								
S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SFL Investment Group, LLC (Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company) , SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 08/25/2004 LAHASSEE LURIDA Florida document number \_\_\_\_\_\_L003000031859 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 "LI.C" or the abbreviation "L,L.C." 206 E. Pine Street, Lakeland, FL 33801 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

#### 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

Title	Name	Address	Type of Action
AMBR	Julie Ann Swain	11704 Arbor Mead Ave, Riverview, FL 33569	<b>□</b> Add
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			Change
			Add
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record specifies a delaye The 90th day after the re		ate, but not	an effective t	ime, at 12:01	a.m. on the earli	ier of:
February 22	,	2019	<u>.</u> •			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00