19400045953

(Re	questor's Name))
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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S. WARREN WOV 1 5 2017



November 9, 2017

Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Re: Change of Officers: SFC Holdings, LLC: Document No. L04000045953

To Whom It May Concern:

I am writing to amend the Articles of Organization of SFC Holdings, LLC. <u>Specifically, I am requesting removal of the officers listed below in the following capacities:</u>

President: Stuart Jenkins

Vice President and Treasurer: Melissa Linton

Secretary: Monica L. Johnson

<u>Please update the officers for the company as listed below in the following capacities:</u>

President: Donald Watros Vice President: John DeFalco Treasurer: Keith Parsons Secretary: Dean Ngo

Please direct all correspondence associated with this application to:

Nadia Drayton

Independent Counsel to Shoes For Crews, LLC

nadiad@shoesforcrews.com 561-683-6090 Ext: 5879

Please see enclosed, the required application and payment for the filing fee & Certificate of Status.

Thank you.

Regards.

Dean Ngo

Vice President of Human Resources and Legal Affairs

deann@shoesforerews.com

(Office) 561-656-5787

(Mobile) Mobile: 310-890-3326

COVER LETTER

TØ:	Registration Sec Division of Corp				
SUBJE	ст:5	Name of Lir	nited Liability Company		
The enc	losed Articles of A	mendment and fee(s) are su	omitted for filing.		
Please r	eturn all correspon	dence concerning this matte	to the following:		
•		DEAN NESO	Name of Person	Home Resources & Lagri	Affaire
		SHOES FOR a	Firm/Company		
		250 S Avsh	Address	TE PI	
	,	HEST PALM	BEALH FLORIDA City/State and Zip Code	33401	
		E-mail address:	ES FOLCREWS. COM (to be used for future annual report notif	ication)	
For furt	her information cor	ncerning this matter, please of	rall:		
NAT	Name of I	4Ton Person	at (<u>561</u>) <u>683</u> Area Code Daytime	-St70 Ext 58 79	
Enclose	d is a check for the	following amount:			
□ \$25	.00 Filing Fee	330.00 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, F1, 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

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on TONE K	3, 2004 and assigned
Florida document number	<u>5</u> 3	•
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 contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
·		7/2 W [7]
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5,70
·		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ords, enter the name of the new
registered agent ana/or the new registered office ad-	diess nere.	
Name of New Registered Agent:		
-	<u></u>	<u></u>
New Registered Office Address:	Enter Florida street aa	ddress
	City	. Florida Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dutie, agent as provided for in Chapter 6 red office address, I hereby confire	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
PLES	STUDET JENKINS	250 S Australian Avanue	
		SUTE 72: Hest Polm Beach	Remove
·		FLORION 33401	
PITCHAS.	MEUSSA LINTON	250 S AUSTRALIAN AVENI	€ □ Add
		SUITE PJ: West Pin Beal	Remove
		960A, 33401	Change
SULLI	MONICA L. JOHNSON	250 S ANSTERLAN WENNE	Z_□ Add
		SUITE PZ: WEST PARM BEACH	Remove
		PLORIDA, 33401	
PRESIDENT	DONALD WATERS	250 S AUSTERLIAN NIGHLE	
		SUITE PZ; HEST PARM BLACE	1 □ Remove
		-	PA Change
ICE. POES.	John DE FALLO	250 S Austrum Hance	Add 5
		Suite P1: Hest Phn Ben	⊋ □ Remove
		9Cp2104, 33401	_□ Change
Essell	KEITH PARSONS	250 S AISTERLYAN AKAN	E → Add
		SUITE PI : WEST Palm	_□ Remove
		Beach, FLORIDA 33401	_□ Change

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>	Name	Address	Type of Action
SECRET	DEAN NGO	280 S Avstralian Avenue	& Add
		Site 72: Hest Pan Brad	À_□ Remove
,		PLORIDA 33401	□ Change
			D Add
			🗆 Remove
			□ Change
· .		·	D Add
			□ Remove
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			_□ Remove
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ecord specifies ne 90th day aft	a delayed effecti er the record is fi	ve date, but r iled.	not an effective	time, at 12:01	a.m. on the earlier (
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Filing Fee: \$25.00