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COVER LETTER

TO: R	legistration Sect livision of Corpo	ion ———— prations			· · ··································		
CUD IECT		S & OPTIONS LLC					
SUBJECT	l i	Name of Limi	ted Liability Company				
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please retu	ern all correspond	lence concerning this matter	to the following:				
		THORVALD SANCHEZ					
			Name of Person		 -		
		SL FUTURES & OPTION	S LLC				
			Firm/Company		 		
		5000 ORDUNA DR.					
			Address				
		CORAL GABLES, FL 331	46				
			City/State and Zip Code				
		thor@slfutures.com					
		E-mail address: (to be used for future annual	report notificatio	n)		
For further	r information cor	cerning this matter, please ca	all:		ĺ	Page 2	
THORVA	LD SANCHEZ		305 28	2-8871		2016 NAR 1	ni.
	Name of I		Area Code	Daytime Tele	phone Number 6		
Enclosed	is a check for the	following amount:				-0	0
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		Certified C	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SL FUTURES & OPTIONS LLC.		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 2/15/2005	and assigned
Florida document number L05000015791		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
TIERRA MAS BELLA, LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		55%
(Mailing address MAY BE A POST OFFICE BOX)		F.C.
		50 0
		- 元 <u>京</u>
B. If amending the registered agent and/or reg	gistered office address on our records, en	
registered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	*
_	City	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

`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 **Type of Action** <u>Address</u> □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add 2018 RAR | Change □_**A**xld 75 ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

		
		
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ctive date, if other than the date of filing:	(optional)	ursuant to 605 020

Page 3 of 3

Filing Fee: \$25.00