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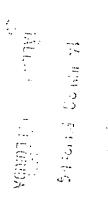
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COVER LETTER

то:	Registration Secti Division of Corpo				
SUBJE	CT: SENT	INEL M.E., L			
		Name of Limit	ed Liability Company		
The end	closed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please 1	eturn all correspond	ence concerning this matter to	o the following:		
		ROBERTO			
		SENTINEL I	Name of Person M.E., LLC		
			Firm/Company		
		909 CRAND	ON BLVD		
			Address		
			City/State and Zip Code		
		MIGUEL.SANCH	EZ@BAY-SHOI be used for future annual re		
For furt	her information con-	cerning this matter, please cal		F	
!	(SANCHEZ		0-6519	
	J Name of P	erson	Area Code	Daytime Telephone N	lumber
Enclose	d is a check for the	following amount:			
3 \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ce sed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy ditional 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

SENTINEL M.E., LLC					
(Name of the Limited I	Liability Company as it Florida Limited Liability	now appears on our Company)	records.)		
ne Articles of Organization for this Limited Liabi orida document number <u>L07000120738</u>	lity Company were f	iled on <u>06/10/2</u>	014	and a	ssigned
is amendment is submitted to amend the followi	ng:				
If amending name, enter the new name of th	e limited liability co	mpany here:			
new name must be distinguishable and end with the wor	ds "Limited Liability Cor	npany," the designati	ion "LLC" or the	e abbreviation	"L.L.C."
ter new principal offices address, if applicabl	e:	W-1		<u> (</u>	
incipal office address MUST BE A STREET A	(DDRESS)	N	1A		
			· · · · · · · · · · · · · · · · · · ·		,
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ter new mailing address, if applicable:		- N	A :	• • • • • • • • • • • • • • • • • • • •	• :
ailing address MAY BE A POST OFFICE BO	<u></u>	·	1	<u> </u>	*
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			.1.	/•	
If amending the registered agent and/or sistered agent and/or the new registered office		ddress on our r	ecords, ente	r the name	of the
Name of New Registered Agent:		N/X			
New Registered Office Address:	909 CRA	NDON B	Iud.		
	Key B	Enter Florida stree りしてヘイリロ	t address . Florida '	33149	
-	Cit	y , , , , , , , , , , , , , , , , , , ,		Zip Cod	2

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action □ Add ☐ Remove □ Add _□ Remove ☐ Add . . ☐ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add

☐ Remove

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