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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor					
	ONCESSIONS, LLC				
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ricardo Warman				
		Name of Person			
	Firm/Company				
	7695 SW 104th ST ste 100				
	Address				
	Pinecrest, FL 33456				
		City/State and Zip Code			
	rickywarman@gmail.com		<u> </u>		
	E-mail address: (to be used for future annual report notificati	, C -		
For further information c	oncerning this matter, please c	all:	ARR GET		
Ricardo Warman	-888	305 663-1750 at ()	enhone Number 77 7		
Name o	f Person	Area Code Daytime Tel	ephone Number 755 0		
	-				
\$25.00 Filing Fee	□ \$30.00 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, 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

SABEVI CONCESSIONS, LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited L	liability Company	were filed on $\frac{05/13/3}{1}$	and assigned			
Florida document number L11000056629						
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7695 SW 104TH ST STE 100				
		PINECREST, FL 33156				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7695 SW 104TH ST PINECREST, FL 33				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			r records, enter the name of the			
New Registered Office Address:	7695 SW 104T	H ST STE 100	. 0 ₂			
New Registered Office Address.		Enter Florida s	_			
	PINECREST		, Florida <u>33156</u>			
		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

<u>Title</u> <u>Name</u>		Address	Type of Action			
MGR WARMAN, RICARDO		7695 SW 104TH ST STE 100	□ Add			
		PINECREST, FL 33156	□ Remove			
		 	☐ Change			
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Typed or printed name of signee

Filing Fee: \$25.00