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| (F | Requestor's Name) | |
|------------------------|------------------------|------------|
| | Address) | <u></u> |
| (/ | Address) | |
| (0 | Dity/State/Zip/Phone # | <i>t</i>) |
| PICK-UP | WAIT | MAIL |
| (E | Business Entity Name |) |
| J) | Document Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions t | to Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Co | rporations | | | | |
|--|---|--|--|------------|-------|
| SUBJECT: | Si | ALCLA LLC | | | |
| SUBJECT: | Name of Limit | red Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | | JOSE PEREZ | | | |
| | | Name of Person | | | |
| | JP GLOBA | AL BUSINESS SOLUTIONS II | NC | | |
| | ************************************** | Firm/Company | | | |
| | 73 | 25 NW 36TH ST | | | |
| | | Address | | | |
| | MI | AMI, FL 33166 | | | |
| City/State and Zip Code JOSE.PEREZ@JPGBUSINESS.COM | | | | | |
| | E-mail address: (t | o be used for future annual report notificati | on) | | |
| For further information of | concerning this matter, please co | all: | | | |
| JOSE PEREZ | | 305 200-8657 | | 6.3 | |
| Name o | of Person | Area Code & Daytime Te | lephone Number | VON 8187 | |
| Enclosed is a check for t | he following amount: | | () () () | 22 | S. |
| ■ \$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 Sta Certified Copy (additional copy) | tus & | osed) |

MAILING ADDRESS:

TO:

Registration Section

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

SALCLA LLC

| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records. ability Company) | |
|--|---|------------------------|
| The Articles of Organization for this Limited Liability Company we Florida document number | vere filed on | _ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ity company here: | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | ed Liability Company," the designation "LLC | C" or the abbreviation |
| 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 registered agent and/or the new registered office address here: | | name of the new |
| Name of New Registered Agent: | | 28 E3 |
| New Registered Office Address: | Enter Florida street addre | 3 1 |
| | City , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | .09 |

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action **MGRM** CLAUDIA E. RENNA DE C 10012 NW 7th STREET Add MIAMI, FL 33172 Remove Remove Remove Remove 2013 1 Add 177 -Remove Add Remove

| D. If | amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------|---|
| | |
| · | |
| | |
| | |
| | NOVEMBER 18 2013 |
| Dated | |
| | Signature of a member or authorized representative of a member |
| | SALVADOR A. CANNELLA |
| | / Typed or printed name of signee |

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