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COVER LETTER

Sitatunga l	I. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maud Poudat		
		Name of Person	
	Vazquez & Poudat, PLLC		
		Firm/Company	
	1303 N. Orange Avenue		
		Address	
	Orlando, Florida 32804		
		City/State and Zip Code	
	maud@vpimmigration.com		
		to be used for future annual repor	1 notification)
For further information c	concerning this matter, please ca	ill:	
Maud Pondat		407 674-69 at ()	
Name (of Person	Area Code D	aytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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)
Regist	ANG ADDRESS: ration Section on of Corporations	STREET/CO Registration S Division of C	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sitatunga H. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	iability Company	were filed on 12/19/20	and assigned
Florida document number L11000142122			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		H044 Bayshore Driv	c
		Windermere, FL 3478	86
			<u> </u>
Enter new mailing address, if applicable:		11044 Bayshore Driv	e
(Mailing address MAY BE A POST OFFICE BOX)		Windermere, FL 3478	36
B. If amending the registered agent and/ registered agent and/or the new registered of	-		records, enter the name of the
Name of New Registered Agent:	Vazquez & Pot	udat, PLLC	-
New Registered Office Address:	1303 N. Orang		
	- 	Enter Florida sti	
	Orlando		Florida 32804 Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	Сиу	Zip Code
I hereby accept the appointment as registere provisions of all statutes relative to the propacept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	d agent and agr er and complete stered agent as _l registered office	ee to act in this capac performance of my a provided for in Chapt	uties, and I am familiar with ancer 605, F.S. Or, if this document

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 acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
 		_	Add
			Remove
			□ Change
		Remove	
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(lf an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
Dated	10/01/2019 . tm
	Signature of a member authorized representative of a member
	Mario - Therete CRO-S Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00