

L120000023010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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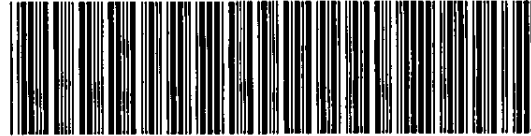
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 07 2015
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SDS GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAUL SILVA

Name of Person

SDS GROUP, LLC

Firm/Company

C/o 2020 West Mc Nab Road Ste 99C

Address

Ft Lauderdale, FL 33309

City/State and Zip Code

silvasclbert@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAUL SILVA

954

397 5427

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

SDS GROUP, 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 Liability Company were filed on 02/16/2012 and assigned
Florida document number L12000023010.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUCIA SARDI	6101 UNITED STREET	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAUL SILVA	6101 UNITED STREET	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article VII Members

The above mentioned Authorized Members hold intrests as follows:

Saul Silva 50%

Lucia Sardi 50%

Membership certificates indicating each Authorized Member interest shall be issued and executed accordingly.

Article VIII Transferability of Membership Interests

No members shall have the right to assign their membership interest in the Company without the written agreement of all the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member.


The assignee shall merely be entitled to receive the share of profits and other distributions and the allocations of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

E. Effective date, if other than the date of filing: September 24, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 685.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 24, 2015


Signature of a member or authorized representative of a member

Saul Silva

SAUL SILVA
Typed or printed name of signee

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