L12000033100

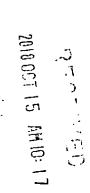
(Requestor's Name)
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. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration So Division of Cor					
SUBJE	SI BEACH	HOLDINGS, LLC.				
SUBJEA	C1;	Name of Lin	nited Liability Company			•
			•			
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	•		
Please re	rturn all correspo	ondence concerning this matter	to the following:			
		RICHARD G TOLEDO		•		
		<u></u>	Name of Person			
		SI BEACH HOLDINGS,	LLC.			444 450
-			Firm/Company			
		999 BRICKELL AVENU	E PH 1101			5
			Address			7
		MIAMI, FL 33131				<u>ခု</u> မ
			City/State and Zip Code			:0
		accounting/@isanic.com E-mail address: (to be used for future annual	report notification	n)	•
or furth	er information c	oncerning this matter, please c				
RICHAI	RD G. TOLEDO	1		6-0202		
	Name o	f Person	at () Area Code	Daytime Telep	phone Number	
nelosed	Lis a check for th	ne following amount:				
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		Certified C	of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec. FL 32314	Registrati Division o Clifton B	COURIER A ion Section of Corporations uilding ecutive Center C	i	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SI BEACH HOLDINGS, LLC.		
(Name of the Limited Liab) (A Flori	ility Company as it now appears o da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number L12000033100	Company were filed on	7/2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	;
NONE	·	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NONE	
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	NONE	5 17
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		·
Name of New Registered Agent: NON	NE	
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	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	PAOLA CASTILLO RIBON	999 BRICKELL AVENUE	
		PH 1101	≅ Remove
		MIAMI, FL 33131	□ Change
·	·	······	
			□ Remove
·			☐ Change
			→ J ———□ Éhànge
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			□ Remove
			Change
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			☐ Change

NONE	•
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ctive date, if other than the date of filing: OCTOBER effective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the applicament's effective date on the Department of State's records.	able statutory filing requirements, this date will not be list
ecord specifies a delayed effective date, but no ne 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie
october 03 2018	E
	<u> </u>
Signature of a member or author	orized representative of a member

Page 3 of 3

Filing Fee: \$25.00