L12000039310

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
:				

<u>;</u>

Office Use Only



200227485352

04/06/12--01018--015 **25.00

FILED
2012 APR -6 PM 1:12
SECRETARY OF STATE

J. BRYAN

APR - 9 2012

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	SI	DDM, LLC	
	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		GAEL BERIRO	TALLAHASSEE, FLORIG
	,	Name of Person	
		GAEL BERIRO, PA	TAR R-6 TAR
		Firm/Company	Fig. 2
	205 WC	ORTH AVENUE, SUITE 3071	FLORD IN
		Address	Dim K
	PA	ALM BEACH, FL 33480	
		City/State and Zip Code	
	GAE	EL@BERIROLAW.COM to be used for future annual report notific	
		•	ation)
For further information	concerning this matter, please of	call:	
G/	AEL BERIRO		327-4880
Name o	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for t	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

	SDDM, LLC		1978.
(Name of the Limited Liabili (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.	M. T.
The Articles of Organization for this Limited Liability	Company were filed on	MARCH 21, 2012, 2 and a	ssigned
Florida document numberL12000039310.	·	P. F. C.	" \C
This amendment is submitted to amend the following: A. If amending name, enter the new name of the line	mited liability c <u>ompany here</u>	EF, FLORID	1:12 2:12
<u> </u>		•	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		1 1 10 10	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ur records, <u>enter the name</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street address	
		, Florida	
	City	Zip Cod	de

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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Type of Action Address Title Name MGRM SAM BENATAR 1440 Ste-Catherine Ouest, Suite 220 \prod Add MONTREAL QC H3G-1R8 Remove MGRM SAMUEL BENATAR 1440 Ste-Catherine Ouest, Suite 220 MONTREAL QC H3G-1R8 Remove ☐ Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 3 2012 Dated Signature of a member or authorized representative of a member GAEL BÉRIRO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00