# 1/200039310

(Requestor's Name)
<u> </u>
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

- Division of Cor	rporations		
SDDM, LI SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter		
riease return an correspo	ondence concerning this matter	to the following.	
	GAEL BERIRO		
		Name of Person	
	GAEL BERIRO. P.A.		
		Firm/Company	<del></del>
	205 WORTH AVENUE. S	SUITE 307 I	
		Address	<del> </del>
	PALM BEACH, FL. 3348	0	
		City/State and Zip Code	<del></del>
	GAEL@BERIROLAW.CO		
	E-mail address: (	to be used for future annual report notifie	cation)
For further information of	concerning this matter, please ca	all:	
GAEL BERIRO		561 835-4611	
Name o	of Person	at () Area Code Daytime	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

MAILING ADDRESS:

Registration Section

TO:

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		
(Name of the Limited	Liability Company as it now appears on our records.) V Florida Limited Liability Company)	
-	bility Company were filed on 03/21/2012	and assigned
Florida document number L12000039310	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or	the abbreviation "L.I.C."
Enter new principal offices address, if applical	ble:	erange (Carlotte Carlotte Carl
(Principal office address MUST BE A STREET	ADDRESS)	
	·	
		့ မွ
Enter new mailing address, if applicable:		- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or	r registered office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered offi		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
		<b>a</b> Zip Code
	<b>∀</b> 11,7	Lip Cour

#### 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	GAEL BERIRO	205 WORTH AVENUE, # 307 I	<b>≅</b> Add
		PALME BEACH, FL 33480	□ Remove
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Tec an ei	tive date, if other than the date of filing:	5.0207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.	ed as
Jui	sent's effective date on the Department of State's feeditis.	
ro	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	or of
	e 90th day after the record is filed.	er or
	1	
ated	January 9th 2016.	
	11/1	

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Typed or printed name of signee

Filing Fee: \$25.00