## 112000111115

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## **COVER LETTER**

TO: Registration S Division of Co					
	LER MANAGEMENT LL	С			
SUBJECT:	Name of Lim	ited Liability Company		•	
	f Amendment and fee(s) are sub				
	ALEX ORTIZ				
		Name of Person			
	SUAREZ, ORTIZ &	VEGA CPA'S, PL			
	****	Firm/Company			
	354 SEVILLA AVEN	IUE		201 FA:	
		Address	· · · · · · · · · · · · · · · · · · ·	A DE	T
	CORAL GABLES, F	L 3313		2014 DEC 30 SEGRETARY TALLAHASSI	
	alex@sovcpas.com	City/State and Zip Code		mg 3	
		to be used for future annual report notif	ication)	STATE FLORID	~
For further information	concerning this matter, please c	all:		Sm 🗪	
ALEX ORTIZ		305 4485255			
Name	of Person		Telephone Number	<del></del>	
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)	Certified	te of Status &	
RA A T	LING ADDRESS	STREET/COURT	FR 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

## SACHTLER MANAGEMENT LLC

company has been notified in writing of this change.

(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 November 26, 2012	_ and assigned
Florida document number L12000147485		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		A 28
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		7 Y S
		3 3 M
	_	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ernamenof the nev
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code
New Desistand Agent's Signature if shonging Desistand Agent:		

If Changing Registered Agent, Signature of New 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MEMB	SACHTLER MANAGEMEN	354 SEVILLA AVENUE	🗆 Add
		CORAL GABLES, FL 33134	■ Remove
			Add
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			2011 DEG 30
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The effectiv	date, if other than the date of the date must be specific, cannot be president of the florida December 1 of the florida De	of filing: ior to date of receipt or filed date and cannot be epartment of State)	(optional) more than 90 days after
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(The effective the date this	e date must be specific, cannot be pr s document is filed by the Florida De December 26	ior to date of receipt or filed date and cannot be expartment of State)	more than 90 days after
(The effective the date this	e date must be specific, cannot be president is filed by the Florida De  December 26  Signati	ior to date of receipt or filed date and cannot be epartment of State)	more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

