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K. SALY EXAMINER MAR 24

COVER LETTER

TO: Registration Secti Division of Corpo			
SD18 & ASSO SUBJECT:	OCIATES L.L.C.		
SUBJECT:		ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	SAMUEL SALAMA		
		Name of Person	
	SD18 & ASSOCIATES L.	.L.C.	
		Firm/Company	
	19052 NE 26TH COURT		
ر ما معالم المارية المار		Address	
* '		City/State and Zin Code	
	ssalama&charfaya.com	Chyrstate and Zip Code	
"一""。""我们的一个数。	E-mail address: (t	to be used for future annual report notifica	ation)
For further information cond	cerning this matter, please ca	111:	
SAMUEL SALAMA		786 4232353 at ()	
Name of Po	erson	at () Area Code Daytime T	elephone Number
Enclosed is a check for the t	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**

2016 MAR 21 PM 1:15
TALLANDES OF STAIL

SD18 & ASSOCIATES L.L.C.

(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 L Florida document number L12000159092	iability Compar	ny were filed on DECEMBER 20, 2012	and assigned
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	f the limited lia	ability company here:	
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered o			r the name of the new
	SAME		
New Registered Office Address:		Enter Florida street address	.
		, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	•	in tout

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	SAMUEL SALAMA	19111 COLLINS AVENUE AP.90	⊟ Add
		SUNNY ISLES BEACH FL 3316(□ Remove
			☐ Change
MGR	ALBERTO SALAMA	19355 TURNBERRY WAY APT.	■ Add
		AVENTURA FLORIDA 33180	Remove
			Change Add Ardd Remove
			Charree
			□ Remove
			Change
****			Add
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effective date is listed, the date meet If the date inserted in this better						
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The	1//	D				
2 XIV	MILLA					
			zed representative	· ·		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00