113000015820

(Req	uestor's Name)	
(Addı	ess)	
(Addı	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
	ness Entity Nan	
(Doci	ument Number)	
d Copies	Certificates	of Status
ial Instructions to Fi	ling Officer:	
,		

Office Use Only



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Registration Section Division of Corporations

S&A Holdi	ngs (2013), LLC		
	Name of Limi	ted Liability Company	
closed Articles of	Amendment and fee(s) are subt	nitted for filing.	
return all correspo	ondence concerning this matter t	to the following:	
	Scott Forney		
		Name of Person	
	Beacon Street Services, LL	.C	
	<u> </u>	Firm/Company	
	1125 N. Charles Street		2021 JEN 13
		Address	
	Baltimore, MD 21021		
	-	City/State and Zip Code	PX 2: 0
	sforney@beaconstreetservic		
	E-mail address: (1	to be used for future annual report notific	cation)
ther information of	concerning this matter, please ca	all:	
Forney		410 703 - 7905 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
ed is a check for t	he following amount:		
5.00 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		Street Address: Registration Sect	ion
Division of C		Division of Corp	orations
0.00 0. 131		T1 C A CT =	11_L

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our r liability Company)	ecords.)
icles of Organization for this Limited Liability Company document number $\frac{1.13000015820}{1.13000015820}$	were filed on January 30,	2013 and assigned
endment is submitted to amend the following:		
nending name, enter the new name of the limited liabi	lity company here:	
Street Group, LLC		
name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
ew principal offices address, if applicable:		2021
oal office address MUST BE A STREET ADDRESS)		() () () () () () () () () ()
ew mailing address, if applicable:		<u> </u>
g address MAY BE A POST OFFICE BOX)		프럼 의
nending the registered agent and/or registered office a nd/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street c	uddress
		, Florida
	City	Zip Code
gistered Agent's Signature, if changing Registered Agent:		
gistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete the obligations of my position as registered agent as p	ee to act in this capacity performance of my dution provided for in Chapter (. I further agree to comply wes, and I am familiar with an 605, F.S. Or, if this documen
iled to merely reflect a change in the registered office by has been notified in writing of this change.	address, I hereby confir	m that the limited liability
7600	-t Dt	ture of New Registered Agent

Manager Authorized Member		
<u>Name</u>	Address	Type of Actio
		□Remove
		□Change
		□ Add
		□Remove
		□ Remove □ □ Change
		January David
		Fig. 72
		Change
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		Change
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		□Change
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		□Change

		additional sheets, if necessary.)	
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the date inserted in this bloo	late of filing: be specific and cannot be prior to date of fick does not meet the applicable statute partment of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis	05.0207 sted as
pecifies a delayed effective	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day aft	er the
nuary 12	<u>2021</u> · <u>A</u> ·		
	Signature of a member or authorized repre	esentative of a member	