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COVER LETTER

TO:	Registration Se Division of Cor			
cubic		OSE MIAMI 2011 LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	.
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Ross M. Johnston, Esq.		
			Name of Person	
		Johnston & Johnston Law	Office, P.A.	
			Firm/Company	
		12700 Biscayne Boulevard	I, Suite 402	
			Address	
		North Miami, FL 33181		
			City/State and Zip Code	
		RMJesq@aol.com		
		E-mail address: (to be used for future annual report notifi-	cation)
For furt	her information co	oncerning this matter, please ca	ail:	
Ross M	I. Johnston		305 891-4244 at ()	
	Name of	l Person		Telephone Number
Enclose	d is a check for th	e 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**

SCI MELROSE MIA (Name of the Limit	MT 2011 LLC ed Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company w	ere filed on <u>3</u> ,	/12/2013	and a	ssigned
Florida document number <u>L13000037563</u>					
This amendment is submitted to amend the foll	owing:				,
A. If amending name, enter the new name o	f the limited liabili	ty company he	<u>re</u> :		
				至 6	
The new name must be distinguishable and contain the v	ords "Limited Liability	Company," the de	signation "LLC"	or the abbrezzation	LL.C."
Enter new principal offices address, if applic	able:			55	
(Principal office address MUST BE A STREE	T ADDRESS)			mg z	Ö
				<u> </u>	
				10 m	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)		· ·		
	-				
B. If amending the registered agent and registered agent and/or the new registered of		ce address on	our records,	enter the name	of the ne
Name of New Registered Agent:	Ross M. Joh	nston c/o	Johnston	& Johnston	Law
New Registered Office Address:	1 <u>2700 Bisca</u>		, Ste. 402 da street address	2	
	North Miami	·	Flor	ida <u>33181</u>	
New Registered Agent's Senature if changing I	3:-t	City		Zip Code	<i>:</i>

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 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>	Name	Address	Type of Action
			—————————————————————————————————————
			[:]Remove
			Change
			Add
			Change
			—————————————————————————————————————
			Remove
			—————————————————————————————————————
			FLORIDA 33
			Change
			Add
			Remove
			Change
			i:]Add
			Remove
			Change

Mohamed Benhamza assigns	his 30% Interest to Pier-Jacques Saiz.
bertrand fournier assigns	his 15% interest to Pier-Jacques Saiz
Sylvain Chauvel assigns h	is 30% interest to Pier-Jacques Saiz.
	100 p T
	o r
	<u> </u>
	97.
ctive date, if other than the date of filing:	
effective date is listed, the date must be specific and cann	not be prior to date of filing as a second of the control of the c
iment's effective date on the Department of State'	
,	
ecord specifies a delayed effective date	, but not an effective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	at 12.01 a.m. on the earlie
1 1 2	
d_August 2, 2	018
1 / \/\	1 1/2/
(an n	1 Johnston
(a)	1 Alons (1) ver or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00