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SECRETARY OF STATE
TALL AHASSET, FLORIDA

AUG 2 5 2019 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: South Florida IT	Lord Francisco Barbieri Name of Person
Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Luis Francisc	Name of Person
South Florida	Firm/Company
8400 N2 3674	Address
Donal, Fla	Tity/State and Zip Code
- flackieri @ ywo	e used for future annual report notification)
For further information concerning this matter, please call:	
листисти Ванбией	ar 186, 720-1989
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
_	Certified Copy Certificate of Status &

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

South FleridaTT	Experts LCC	
(Name of the Limited L	jability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 64 10 1 2013	and assigned
Florida document numberLi300004+5		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
South Florida Sale. The new name must be distinguishable and contain the words	S Experts LLC S"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		<u> </u>
		Section 1
Enter new mailing address, if applicable:		- 10
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
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		- المرازيد
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent	er the name of the new
registered agent and/or the new registered office	. address nere	•
Name of New Registered Agent:		
New Registered Office Address:		
ten regimered Street ramess.	Enter Florida street address	
	Florida	
_	Cay	Zip Code

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
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			SE D Add
			HAND ROOM
			AUCEO PO 12: 13 SILUNCIANT OF STATE NAME ASSEE, FLORIDA
			☐ Remove
			Change
			Add
			☐ Remove
			Change

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fective date, if other than the date	of filing:		(optional)	
an effective date is listed, the date must be sorte: If the date inserted in this block of	pecific and cannot be prior to date.	of filing or more than	90 days after filing	g.) Pursuant to 6	
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e record specifies a delayed eff The 90th day after the record		effective time, a	t 12:01 a.m.	on the ear	lier (
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Sign	ature of a member or authorized re	enresentative of a mer	nber		
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\ \ \	Francisco Barl Typed or printed name	# #s			

Page 3 of 3

Filing Fee: \$25.00