43000/02562

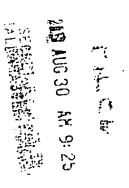
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	orations		
UD HCT.	SAINTCRO	IX1, LLC		
SUBJECT:		Name of Limi	ited Liability Company	No Solvery Control of the Control of
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for tiling.	
		idence concerning this matter	<u>-</u>	The second
icase retur	r an correspon	dence concerning this matter	to the following.	
		CARLOS COURTAUX		
			Name of Person	
		SAINTCROIX1, LLC		
			Firm/Company	
		6355 NW 36TH STREETS	M STE 503	
			Address	
		VIRGINIA GARDENS, FI	2 33166	
		CCOURTAUX@GMAIL.C	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	nion)
For further i	information co	ncerning this matter, please ca	all:	
CARLOS C	COURTAUX		305 479-1713	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is:	a check for the	e following amount:		
\$25.00 1		□ \$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)
	Registra	NG ADDRESS: tion Section to of Corporations x 6327	STREET/COURIED Registration Section Division of Corporati Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The solution of the second of

SAINTCROIX1, LLC

(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 Cor	mpany were filed on JOLY 19, 20	and assigned
Florida document number L13000102562		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		cords, enter the name of the new
Name of New Registered Agent:	·	-
New Registered Office Address:	Enter Florida street e	uldress
		_, Florida
	City	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
MR	CARLOS COURTAUX	6355 NW 36TH STREET, STE 503 MIAMI, FL 33166	Add
			5 Parama
			☐ Change
			□ Remove
			Change
			Add
		<u> </u>	□ Remove
			Change
			Add
		·	Remove
			Change
			Remove
			Change
			Remove
			□ Change

it ansending any other into	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	AUGUST 26, 2019
Note: If the date inserted in the	n the date of filing:
he record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
AUGUST 26 Dated	2019
Dated	
	Signature of a youthber or authorized representative of a member
	organical cor a mornoci or authorized representative of a member
TAMARA SAN JU	UAN DE SANTA CRUZ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00