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Office Use Only



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COVER LETTER

Division of Cor			
S-Power Li	LC		
SUBJECT:	Name of Lim	ited Liability Company	
		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Alex Renaldo		
		Name of Person	
	S-Tower LLC		tace.
		Firm/Company	
	1001 N Federal Hwy Ste 3	- 5 S.	
	* **** ** ******* * *	Address	PH THE
	Hallandale Beach, FL 3300)9	16 JUL-5 PM 5: 05
		City/State and Zip Code	<u> </u>
	alseranas59@yahoo.com E-mail address: (to be used for future annual report notif	cation)
For further information of	concerning this matter, please c		
Alex Renaldo		305 775-0163	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	•	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S-Tower LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L1300149415	ty Company were filed on 10/23/2013	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'I imited Liability Company " the designation "LLC" or the a	abbreviation :
Enter new principal offices address, if applicable	·	CRETAR
(Principal office address MUST BE A STREET A	ODRESS)	<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:		PH 5: 05
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	<u> </u>	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. 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>	<u>Address</u>	Type of Action
MGR	Alex Renaldo	1001 N Fed Hwy Ste 320 Hallandale & FL	<i>33009</i> ■ Add
			□ Remove
			Change
			Add
			Remove
			Change
			SECRET
			Remove SST
			Chamge FLOR
			
			□ Remove
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ffaati	ve date, if other than the date of filing:	95
an effe lote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.	nt to 605.0207 t be listed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier of
ated		
•	BACO	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00