

L140000158152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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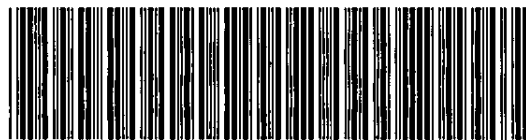
(Business Entity Name)

(Document Number)

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OCT 21 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SISU PROGRAMS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Ritlop

Name of Person

SISU PROGRAMS

Firm/Company

17643 Tiffany Trace Drive

Address

Boca Raton FL 33487

City/State and Zip Code

Rachel@sisuprograms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Ritlop

Name of Person

at 561 281-6901

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

SISU PROGRAMS, 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 Company were filed on 10.9.14 and assigned Florida document number L14000158152.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17643 Tiffany Trace Drive
Boca Raton FL 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2114
335 E. Linton Blvd Suite B14
Delray Beach FL 33483

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rachel Rutop

New Registered Office Address:

17643 Tiffany Trace Drive
Enter Florida street address

Boca Raton, Florida 33487
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.

Rachel Rutop
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u> <u>AMBR</u>	<u>ERIC DRESDALE</u>	<u>3215 S Ocean Blvd</u>	<input type="checkbox"/> Add
		<u>APT #804</u>	<input checked="" type="checkbox"/> Remove
		<u>Highland Beach FL 33487</u>	
<u>COO</u> <u>AMBR</u>	<u>ROBERT ROSS</u>	<u>4781 S. Citation Dr. #102</u>	<input type="checkbox"/> Add
		<u>Delray Bch FL 33445</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 14th, 2014

Rachel Rittig
Signature of a member or authorized representative of a member

Rachel Rittig
Typed or printed name of signee

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TALLAHASSEE FLORIDA