

214000190936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

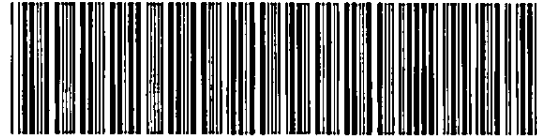
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DEC 21 2017

# Samuel D. Navon, P.A.

ATTORNEYS AT LAW

7805 S.W. 6<sup>th</sup> Court  
Plantation, Florida 33324  
Telephone (954) 380-8848  
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Writer's Direct E-Mail: [snavon@navonlaw.com](mailto:snavon@navonlaw.com)

Samuel D. Navon

December 15, 2017

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

Re: Articles of Amendment – Name Changes

Dear Sir or Madam:

Enclosed please find the following:

1. KS Labs, LLC – Correction to Articles of Amendment to change name to KS Recovery Holdings, LLC;
2. PJI Labs, LLC – Correction to Articles of Amendment to change name to PJI Recovery Holdings, LLC; and
3. SDN Holdings, LLC - Articles of Amendment to change name to SDN Recovery Holdings, LLC. together with this firm's check in the amount of \$25.00 in payment of the filing fee.

Thank you for your assistance in these filings.

Very truly yours,

SAMUEL D. NAVON, P.A.



Samuel D. Navon

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SDN HOLDINGS, 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:

Samuel D. Navon, Esq.

\_\_\_\_\_  
Name of Person

Samuel D. Navon, P.A.

\_\_\_\_\_  
Firm/Company

7805 S.W. 6th Court

\_\_\_\_\_  
Address

Plantation, FL 33324

\_\_\_\_\_  
City/State and Zip Code

snavon@navonlaw.com

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

For further information concerning this matter, please call:

Samuel D. Navon.

954

380-8848

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SDN HOLDINGS, 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 December 15, 2014 and assigned Florida document number 114000190936.

This amendment is submitted to amend the following:

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

SDN Recovery Holdings, LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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