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Office Use Only



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S. YOUNG

SECREMARY OF STATES

COVER LETTER

	Division of	Corporations		
SHBIE	Holiday	y FL, LLC		
SOBJEC	ν1; <u></u>	Name of Lin	mited Liability Company	
The encl	losed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corre	espondence concerning this matte	er to the following:	
		Mike Hickmann		
			Name of Person	
			Firm/Company	
		2125 W. Washington Str	eet	بيد ت بر
			Address	
		West Bend, WI 53095		
			City/State and Zip Code	
		bonniejschaefer@att.net		
For furth	her informati	E-mail address: on concerning this matter, please	(to be used for future annual report not call:	ification)
		.,	262 334-4444	
Mike Hickmann				ne Telephone Number
	Na	me of Person	Area Code Dayin	ne reiephone Number
Enclose	d is a check t	for the following amount:		
□ \$25.	.00 Filing Fe	e \$\Bigcup \\$30.00 \text{ 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)
	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holiday FL, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L15000004249	Company were filed on January 8, 2015	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the lim	ited liability company here:	
SV 14th Street, LLC		
The new name must be distinguishable and contain the words "Lim	tited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	1
Enter new mailing address, if applicable:		10 M. X
• • •		
(Mailing address MAY BE A POST OFFICE BOX)		<u>u</u> E
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	C"y	zip com

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
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			☐ Remove
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			□ Add
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☐ Change

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		,			
Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and can block does not meet	mot be prior to date the applicable st	of filing or more tha	(optional) n 90 days after filing.) P irements, this date wi	ursuant to 605.0207 (3) Il not be listed as the
he record specifies a delay The 90th day after the r	red effective date ecord is filed.	e, but not an	effective tíme,	at 12:01 a.m. or	the earlier of:
March 2		2017			
	Heclima				

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Typed or printed name of signee

Filing Fee: \$25.00