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(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE

Name Change

AUG 1 4 2019

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## **COVER LETTER**

TO: Registration So Division of Cor				
SFA 1, LI				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shad Azimi			
		Name of Person	10.5	_
	Vanterra Capital, LLC			
		Firm/Company		_
	320 Park Ave, 18th Floor			
		Address	-	_
	New York, NY 10022			
	sazimi@vanterra.com	City/State and Zip Code		-
		to be used for future annual re	eport notification)	19 AUG
For further information of	concerning this matter, please c	all:		G 1
Ryan Euell		212 231 at()	-3959	5 PE
Name o	of Person	Area Code	Daytime Telephone Numbe	
Enclosed is a check for the	he following amount:			O
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$555.00 Filing Fee & Certified Copy (additional copy is encle	Certifica (Sed) Certified	ite of Status &
	ING ADDRESS:	STREET/ Registratio	COURIER ADDRESS:	

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

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

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

SFA 1, LLC			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited I.	y as it now appears on our interest in the state of the s	records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000044884</u>			and assigned
riorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
SFA One, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<b>19</b>
			4 GE
Enter new mailing address, if applicable:		<del></del>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			2: 30
		_	30 10
	_		~ /
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, <u>enter the</u>	name of the ne
	•		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street o	address	
		. Florida	
<del></del>	City		Lip 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
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			☐ Change
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ivote:	n the date inserted i	han the date of filired the date must be specific and in this block does not on the Department of	meet the applicab	date of filing or i le statutory fili	nore than 90 days ng requirements.	optional) after filing.) Pursuant this date will not b	to 605.0207 (3)(be listed as the
		delayed effective the record is filed		an effective	time, at 12:0	$01$ a.m. on the $\epsilon$	earlier of:
Dated _	July 25		2019				
			111/1				
	<u>-</u>	Signature of a	member of authoriz	red representativ	e of a member		
	Shad Azimi						
			Typed or printed:	name of signee			

Page 3 of 3

Filing Fee: \$25.00