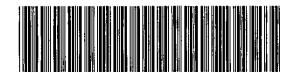
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**3 MASON** 

## **COVER LETTER**

TO: Registration Se Division of Cor	porations		
SUBJECT:	HANNY Name of Lim	Medina Sal ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		ucy Silva Name of Person	
		Firm/Company	
	16784	NW 67 /	lue.
	Min	Ami H. 330	0/5
	HANNY 5 E-mail didress: (	Address  Am / 33 ( City/State and Zip Code  Am & Horm Ai /  to be used for future annual report notifications.)	· Com.
For further information co	oncerning this matter, please ca		
Lu	cy Silva	at ( <u>786)</u> 525- Area Code Daytime	- 3394 Telephone Number
ivanie oi		Area Code Dayline	Telephone (value)
Enclosed is a check for th	e 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

HANNY Me	dina Sal LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 1500059705$	vere filed on 4-6-2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  SAL FINANCIAL SER	vices LLC
The new name must be distinguishable and contain the words "Limited Liabilit	16784 NW 67 Ave
Enter new principal offices address, if applicable:	1670 / 1000 B7 / 100
(Principal office address MUST BE A STREET ADDRESS)	Miami Fl. 33015
Enter new mailing address, if applicable:	16784 NW 67 Ave.
(Mailing address MAY BE A POST OFFICE BOX)	Miami Al. 33015
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: 8/1/	NW 53 ST. NO. 175  Enter Florida street address
$\underline{\hspace{1cm}}$	7/Ami , Florida 33/66  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.  If Change	erformance of my duties, and I am familiar with,and ovided for in Chapter 605, F.S. Or if this document is

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lucy M. Silva	PIII NW 53 St. NO.1	75 XAdd
	·		Remove
		MAAMI, Fl. 33166	Change
AMBR	HANNY MedINA	MAAMI, Fl. 33166 8111 NW 53 St No.1	75 Add
			Remove
		Miami A. 33/66	Change
			Remove
			Change
			🗖 Add
		<del></del>	□ Remove
			Change
			Add
			Remove
		<del>E</del> m l	☐ Change
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		SSEE. T	T]□ Re∰êve
		FLORID	w e
		<b>5 7</b>	Change

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tive date, if other than t	the date of filing: Tuly 31, 20,	(=
	must be specific and cannot be pride to date of filing or most block does not meet the applicable statutory filing	
nent's effective date on the	e Department of State's records.	
	and official data. In the case on officialities have	:h 12.01 hb
cord specifies a delay 90th day after the r	yed effective date, but not an effective to ecord is filed.	ime, at 12:01 a.m. on the earli
T/		
Vuly 3	1 20/5	
Poli	?/	S 2
X polah	Signature of a member or authorized representative	of a member SECRETARY OF ALLAHASSEE.F
	/, 11	of a member  AUG 17 P 3 C  AHASSEE, FLORI
	Lucy M. Silva Typed or printed name of signee	IL III P 3
	1 Dea of bringed name of signee	77 0
	Page 3 of 3	3: 02 3: 02 STATE LORID

Filing Fee: \$25.00