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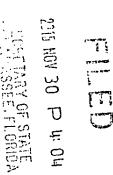
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor	porations		
SARLI GR	OUP, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	endence concerning this matter to	o the following:	
	Isaac Benmergui		
		Name of Person	
		Firm/Company	
	1150 Kane concourse, Secon	nd Floor	
		Address	
	Bay Harbor Islands, FLorida	a 33154	
		City/State and Zip Code	
	GAONLAW@GMAIL.COM		
	E-mail address: (to	be used for future annual report notific	cation)
For further information c	oncerning this matter, please cal	11:	
ISAAC BENMERGUI		305 3978547	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section

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

SARLI GROUP LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000134704</u> .	vere filed on	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	eviation "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 registered agent and/or the new registered office address here:		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	
	, Florida	
	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.

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
MGR	Aracelis Arreaza	10855 NW 88 TERRACE	
		Suite 103	□ Remove
		Doral, Florida 33178	☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
 			Add
			Remove
			Change
			Add
			Remove
			Change Change
			Remove
			Change

	t were added in the September 1, 2015 a	idendum are hereby deleted a	and of no force.
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e: If the date inserted in this bl	st be specific and cannot be prior to date of fili lock does not meet the applicable statuto		
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record specifies a delayed he 90th day after the rec ed November 25	cord is filed.	entative of a member	20 VON 11 10 VON 12 10 VON
record specifies a delayed he 90th day after the rec ed November 25	Signature of a member or authorized representations.	entative of a member	77 VON 27 TO 10 TO
record specifies a delayed he 90th day after the rec ed November 25	Signature of a member or authorized representations.	entative of a member	

Filing Fee: \$25.00