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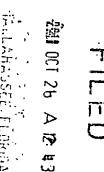
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(Re	equestor's Name)	-
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COVER LETTER

TO: Registration S Division of Co			•		
	elopment L.L.C.				
SUBJECT:	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are sub ondence concerning this matter Jose Prado	_	iàulAnASSEC.	范M OCT 26 A	in F
	S.F. Development L.L.C.	Name of Person	### ####	~ ∰ #3	Ò
	31 S.E. 5th Street #214	Firm/Company		_ _	
	Miami, FL 33131	Address			
	jose@atlanticsapphire.com	City/State and Zip Code			
Confirming information		to be used for future annual rep	ort notification)		
Jose Prado	concerning this matter, please c	305 490-9	9969		
Name	of Person	at () Area Code	Daytime Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifica Certifica (additional	te of Sta Copy	itus &
	ING ADDRESS:	STREET/C	COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.F. Development L.L.C.		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability lorida document number	y Company were filed on 09/23/2015	and assigned
his amendment is submitted to amend the following	:	
If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		है है ग
Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
		<u>S</u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or re egistered agent and/or the new registered office a		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	'AS
	. F	lorida

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejandro Castro	31 SE 5th Street #214 Miami FL 33131	Add
			□ Remove
	Soltero, Luis R		Change
MGR		33133	Add
			72
			Change—
			Add To Add To Remove
			The Change
		-	🗖 Remove
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Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory find document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 6	505.0207 (3 isted as th
he record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. on the ear	rlier of:
Dated Signature of a member or authorized representation	<i>'</i> \(\tau\)	
Signature of a member or authorized representat	tive of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00