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(Ad	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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DIVISION OF COMPONENTS

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COVER LETTER

TO:	Registration Sec Division of Corp			
CHDIE	SDS Famil	y, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	- -	
		Jeffrey Seth Selzer		
			Name of Person	
		Selzer Law		
			Firm/Company	
		2550 NE 15th Avenue		
			Address	
		Fort Lauderdale, FL 333	05	
			City/State and Zip Code	
		E-mail address: (to be used for future annual re	port notification)
For furt	her information co	oncerning this matter, please ca	all:	
Jeffrey	Seth Selzer		954 567- at ()	4444
	Name of	Person	Area Code	Daytime Telephone Number
Enclose	ed 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 enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registratio Division of Clifton Bu	f Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SDS FAMILY LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our rec- a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Company were filed on 10/16/2015	and assigned
Florida document numberL15000176733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	18
		AU
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TE POR
		alle 2
		N Z
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our recor	ds, enter the name of the new
	reso nere.	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addi	en e
		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>	Name	<u>Address</u>	Type of Action
AMBR Linda S. Mar	Linda S. Martignetti	6850 Palmetto Circle South #1301	□ Add
		Boca Raton, FL 33433	■ Remove
			Change
AMBR	Joanna Roland	291 Dune Road, P.O. Box 1568	
		Westhampton Beach, NY 11978	■ Remove
			Change
AMBR	AMBR Christopher Sokalski	74 Enola Drive	
		Stewartstown, PA 17363	Remove
			Change
AMBR	Brian Sokalski	74 Enola Drive	
		Stewartstown, PA 17363	■ Remove
			Change
AMBR Jason Sokalski	Jason Sokalski	74 Enola Drive	
		Stewartstown, PA 17363	Remove
			☐ Change
			D Add
			□ Remove
			Change

). If amending an	other information, enter change(s) here: (Attach additional)	itional sheets, if necessary.)	
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		AUG	SION
		ω	TARY OF CO
		3	RPOR.
		l: 22	ARY OF STAIL F CORPORATIONS
(If an effective date is Note: If the date	June 26, 2018 June 26, 2018 It isted, the date must be specific and cannot be prior to date of filing or inserted in this block does not meet the applicable statutory filing date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605 ling requirements, this date will not be liste	i.0207 (3) ≈dasthe
the record spec) The 90th day	ifies a delayed effective date, but not an effective after the record is filed.	e time, at 12:01 a.m. on the earlie	er of:
Dated	Jane 26, 2018.		
	Signature of a member or authorized representati	un of a mambar	
	Signature of a member of authorized representation of the signature of a member of authorized representation of the signature of a member of authorized representation of the signature of a member of authorized representation of the signature of a member of authorized representation of the signature of a member of authorized representation of the signature of a member of authorized representation of the signature of a member of authorized representation of the signature of a member of authorized representation of the signature of the signature of a member of authorized representation of the signature of the sign		
	Typed or printed name of signee		

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Filing Fee: \$25.00