

11500176733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

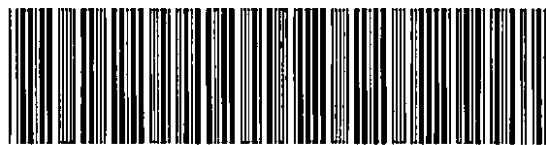
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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N COOPER

AUG 09 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SDS Family, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Seth Selzer

\_\_\_\_\_  
Name of Person

Selzer Law

\_\_\_\_\_  
Firm/Company

2550 NE 15th Avenue

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33305

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Seth Selzer

954 567-4444  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**SDS FAMILY LLC**

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Linda S. Martignetti	6850 Palmetto Circle South #1301	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joanna Roland	291 Dune Road, P.O. Box 1568	<input type="checkbox"/> Add
		Westhampton Beach, NY 11978	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Sokalski	74 Enola Drive	<input type="checkbox"/> Add
		Stewartstown, PA 17363	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian Sokalski	74 Enola Drive	<input type="checkbox"/> Add
		Stewartstown, PA 17363	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jason Sokalski	74 Enola Drive	<input type="checkbox"/> Add
		Stewartstown, PA 17363	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** June 26, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 26, 2018

Susan Kennedy  
Signature of a member or authorized representative of a member

Susan Kennedy  
Typed or printed name of signee