L15000181109

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



900313041909

N COOPER MAY 0 8 2018

COVER LETTER

SUBJECT:			<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SAND	RA SALCE LLC Name of Person	
Division of Corporations SUBJECT: SANDRA SALCE 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: SANDRA SALCE LLC Name of Person ADACHE REAL ESTATE LLC Firm/Company 401 E. LAS OLAS BLVD SUITE 130 - 2 Address FORT LANDERDALE FL 33301 City/State and Zip Code E-mail address: (to be used for future danual report notification) For further information concerning this matter, please call: SANDRA SALCE Name of Person at (154) Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\int \text{25.00 Filing Fee} \text{ \$\text{33.0.00 Filing Fee} & \text{ \$\text{Certifiedt Copy} & \text{ \$\text{Gadditional copy is enclosed)} } \$\text{\$\t	: LLC		
	401 E.	LAS OLAS BLY	D SUITE 130-204
	FORT LA	OERDALE FL.	3330/
	Division of Corporations CCT: SANDRA SALCE LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. Return all correspondence concerning this matter to the following: SANDRA SALCE LLC Name of Person ADALHE REAL ESTATE LLC Firm/Company 401 E. LAS OLAS BLVD SUITE 30 - 2.04 Address FORT LAUDERDALE City/State and Zip Code E-mail address: (to be used for future famulal report notification) ther information concerning this matter, please call: SANDRA SALCE Name of Person at 954 592 4060 Area Code Daytime Telephone Number at 955.00 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 2661 Executive Center Circle		
For further information	concerning this matter, please c	all:	
SANDRA Name	SALCE of Person	at (954) 592 Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Regisi Divisi P.O. E	eration Section on of Corporations Box 6327	Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 HAY -7	SECRETARY OF STATE STORE OF CORPORATIONS
21: 第7	OF STATE RPORATIONS

SAND	PLA SALC	ELLC :	
(Name of the Limit	ed Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Li Florida document number L15000181	ability Company	were filed on 10 26 2015 and assigned	
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	<u>f the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		401 E. LAS OLAS BLVD	
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 130-204	
		FORT LAUDGEDALE, FL 33301	
Enter new mailing address, if applicable:		401 E. LAS OLAS BLVD	
(Mailing address MAY BE A POST OFFICE BOX)		FORT LANDERDALE, PL 33301	
		FORT LAUDERDALE, 92 33301	
B. If amending the registered agent and/ registered agent and/or the new registered of		fice address on our records, <u>enter the name of the n</u> :	
Name of New Registered Agent:			
New Registered Office Address:	401 E.	LAS OLAS BLVD SUITE 130 - 204 Enter Florida street address	
	FORT LANS	DERDALE , Florida 3330 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
		☐ Remove	
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
		,	□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

•		
	,	
		3S
	3 7	SER.
		FRY CO
	<u> </u>	무막
		ATIO
		75
Note:	tive date, if other than the date of filing:	.0207 (1 ed as th
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	5/4/2013 Sanda Sale	
	Saulan Salee	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00