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(Re	questor's Name)	
,		
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(Cit	y/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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# **COVER LETTER**

TO: Registration S Division of Co					
2170 Dale SUBJECT:	LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Javier Jimenez				
		Name of Person			
	LOOL D	Firm/Company			
	1901 Ponce de Leon Blvd				
		Address			
	Coral Gables, FL 33134			281	configuration of the second
	jjimenez@pagroupco.com	City/State and Zip Code		2811 NOV 16	CHICAGO P
For further information of	E-mail address: iconcerning this matter, please e	to be used for future annual report notifi all:	cation)	PH	
Javier Jimenez		786 667-4831		7.2.	
Name (	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2170 Dale LLC			
( <u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L15000183590	* Company were filed on October 28, 2015	and <i>a</i>	issigned
This amendment is submitted to amend the following:	<del></del> ·		
A. If amending name, enter the new name of the li	mited liability company here:		
2170 SBH LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the al	obreviation "	L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DDECC1		
The special of the second seco			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg	gistered office address on our records, enter	the nam	Sof the
egistered agent and/or the new registered office ad	<u>ldress here</u> :	<u> </u>	NOV
		<del>.</del>	E2
Name of New Registered Agent:		*.* *.* *******	<u>o</u> [
N D : 1000 AH		<u> </u>	
New Registered Office Address:	Enter Florida street address		
			2
	, Florida	77. 77. 1	
	City	Zip Cod	t"

## 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>	<u>Address</u>	Type of Action
MGR	Silverback Financial LLC	1901 Ponce de Leon Blvd Coral Gables, FL 33134	
			■ Remove
			Change
MGR	Javier Jimenez	1901 Ponce de Leon Blvd Coral Gables, FL 33134	<b>=</b> Add
			□ Remove
		<del></del>	☐ Change
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			Oc	tober 26,	2018					
Effective date, if (If an effective date is	other than t listed, the date r	he date of nust be specif	filing: ic and canno	ot be prior	to date of	filing or me	re than 90 da	(optional) vs after fili	d) ng.) Pursuant i	020,50a oi
Note: If the date document's effect	inserted in this	block does	not meet t	he applic	able statu	ıtory filing	requireme	ns, this da	te will not b	e listed a
the record spec ) The 90th day				but no	t an eff	ective ti	me, at 12	2:01 a.m	. on the $\epsilon$	earlier
Dated November	12	<del></del>		18						
		1/	ントレ		L $I$					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00