L15000205482

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	istration Se ision of Cor				
CHDIECT	SFAC-MW	'-1, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		GAIL W CURTIS			
			Name of Person	<u> </u>	
		SFAC-MW-1, LLC			
			Firm/Company	_	·
		11635 NW 1st Avenue			
		-	Address	<u> </u>	 _
		Gainesville, FL 32607			
		gailcurtis@jotar.com	City/State and Zip Code		
			to be used for future annual	report notification	n)
For further in	nformation c	oncerning this matter, please c	all:		
GAIL W CU	JRTIS			2-0838	
Name of Person		at () Area Code	Daytime Telep	phone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street A		
	gistration S zision of C	Section Corporations		ation Section of Corporat	tions
). Box 632			ntre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SFAC-MW-1, LLC		,	
(<u>Name of the Limited Lial</u> (A Flor	<u>pility Compa</u> ida Limited l	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000205682	Company	were filed on 12/14/2015 and assigned	
This amendment is submitted to amend the following:	;		
A. If amending name, enter the new name of the li	mited liab	pility company here:	
The new name must be distinguishable and contain the words "I	Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		11635 NW 1st Avenue	
(Principal office address MUST BE A STREET AD	<u>DRESS)</u>	Gainesville, FL 32607	
Enter new mailing address, if applicable:		11635 NW 1st Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		Gainesville, FL 32607	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		address on our records, enter the name of the new register	
Name of New Registered Agent: GA	GAIL W CURTIS		
New Registered Office Address:	535 NW 1st	Avenue Enter Florida street address	
Ga	inesville	Florida 32607	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	SOUTHERN FINANCIAL ACQUI	3101 Mist Flower Road	
		Tallahassee, FL 32311	≣Remove
			□Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			Change
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<u>ote:</u> II t	the date inser	er than the d d, the date must b ted in this bloc late on the Dep	ek does not n	neet the appli	icable statutory	g or more than or tiling require	(option 00 days after fil ements, this d	al) ing.) Pursuant to ate will not be	605.020 listed a
record sp is filed.		ayed effective (date, but not	an effective	time, at 12:01	a.m. on the ea	arlier of: (b)	The 90th day a	after the
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