

LLC 0000 18555

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383 TDP

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
S&F PAULETTO, LLC

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (04), and Estimated Charge (\$25.00).

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2016 MAY 18 AM 10:55
CORPORATION STATE
TALLAHASSEE, FLORIDA

RECEIVED
MAY 18 AM 9:28
TALLAHASSEE, FLORIDA

MAY 20 2016
J SHIVERS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

S&F PAULETTO, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/29/2016 and assigned
Florida document number LI6000018555

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8911 S Orange Blossom Trail, Orlando, FL, 32809

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8911 S Orange Blossom Trail, Orlando, FL, 32809

(Mailing address MAYBE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

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

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16 MAY 18 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If assigning 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>
MBR	Evandro Patricio Jr	8911 S Orange Blossom Trail	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PAULETTO, SANDRA R	8911 S Orange Blossom Trail	<input type="checkbox"/> Add
		Orlando, FL, 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	PATRICIO, FELIPE P	8911 S Orange Blossom Trail	<input type="checkbox"/> Add
		Orlando, FL, 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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.)

Multiple horizontal lines for amending information.

SECRETARY OF STATE
ALABAMA

16 MAY 18 AM 9:28

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E. Effective date, if other than the date of filing: _____ (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 17th, 2016

Signature of member or authorized representative of a member

FELIPE PAULETTO PATRICIO
Typed or printed name of signer