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COVER LETTER

TO:	Registration Section Division of Corporation			
SUBJE	ст: <u>Vicen</u>	te Resendez L Name of Limi	ited Liability Company	ann service, LLC
The enc	losed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corresponde	ence concerning this matter (to the following:	
		<u>ViCent</u>	PRESCACLE Z Name of Person	
			Fim⊭Company	
		3493 Shad	Y Droke dr N Address	
	_		City/State and Zip Code City/State and Zip Code	eQqmail.com
For furt	her information conc	erning this matter, please ca	•	uncauon)
_\\	(ente hese Name of Pe	nde Z rson	at (<u>\$13</u>) <u>359 -</u> Area Code Daytii	4099 ne Telephone Number
Enclose	d is a check for the f	ollowing amount:		
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on February C5, 2016 and assigned Florida document number (16,00025100).

This amendment is submitted to amend the following:

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

(SAA FALIMANNATAL LLC)

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE 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

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			Remove
			☐ Change
			Add
			Remove
			Change
		*	Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			Change
		 	Add
			□ Remove
			Change

ective date, if other than the date of filing: \(\lambda\)\(\text{PM}\)\(\text{PC}\)\(\text{T}\)\(\text{2015}\)\(\text{optional}\) 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 605.020 lee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ument's effective date on the Department of State's records.
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the 90th day after the record is filed.
ed Nakmbes 7. 2018.
Signature of a member or authorized representative of a member
·

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Filing Fee: \$25.00