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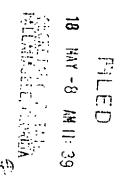
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COVER LETTER

TO:

	Registration Se Division of Cor				
aun in a	4660 Griffi	n, LLC			72
SUBJEC	: F:	Name of Limi	ited Liability Company	·	2018 HAY -1
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		J . C. S
Please ret	turn all correspo	ndence concerning this matter	to the following:		Est of STA
		Liliana Perez			
			Name of Person		
			Firm/Company		
		8741 SW 146 Street			
		4-7-100 BY 8-7-10-1	Address		
		Palmetto Bay, FL 33176			
		drpcms@bellsouth.net E-mail address: (City/State and Zip Code to be used for future annual report noti	fication)	
For furth	er information o	oncerning this matter, please co	ali:		
Liliana F	Perez		305 2558167		
	Name o	f Person		e Telephone Number	•
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & opy
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpo Clifton Building	on	

Tallahassee, FL 32314

ND \$

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SL & SB LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 04/19/2016	and assigned
lorida document number L16000076598		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		(F) (C)
		<u> </u>
		-8 -EE
nter new mailing address, if applicable:		
Auiling address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		A.D.
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is a second seco
	. Fle	orida
	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

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>	Name	Address	Type of Action
AMBR	ALESSIO RANNI	1111 KANE CONCOURSE, SUIT	□ Add
			■ Rcmove
			□ Change
			
			☐ Remove
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if an offec <u>Note:</u> If	ve date, if other ctive date is listed, to f the date inserted nt's effective date	he date must be sp d in this block do	ecific and ca ses not mea	et the apph	or to date of	filing or mor utory filing	e than 90 days	optional after filing s, this date) Pursuant t	o 605,020 e listed a
ne reco The 9	ord specifies a 90th day after	delayed effe the record is	ctive dat i filed.			fective tir	ne, at 12:	01 a.m.	on the e	arlier (
Λ	APRIL 30	`		2018	<u>ጎ</u>					
Dated _				/)		7 1				
Dated _		10	CO	mber or aut	Pet	resontative of				

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Filing Fee: \$25.00