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COVER LETTER

TO;	Registration Sec Division of Corp				
emb	SFL Cycle I				
SUD,	JECT:		ited Liability Company		
The c	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	e return all correspor	ndence concerning this matter	to the following:		
		Moshe M Klainbaum			
			Name of Person		
		SFL Cycle Doral LLC			
		_	Firm/Company		
		100 South Island Drive			
	Address				
		Golden Beach, FL 33160			
		Motty.Klainbaum@Cycleba	City/State and Zip Code ar.com		
		E-mail address: (to be used for future annual report notific	cation)	
For fi	urther information co	oncerning this matter, please ca	all:		
Mos	he M Klainbaum		786 395-8852		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclo	osed is a check for th	e following amount:			
■ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

SFL Cycle Doral LLC				
(Name of the Limi	ted Liability Con (A Florida Limite	ipany as it now appears or ed Liability Company)	i our records.)	
he Articles of Organization for this Limited L		06/01/	2016	and assigned
his amendment is submitted to amend the foll	lowing:			
(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 1.16000008054 [1.16000088054] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1.1/2 1.1/2 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: (Mailling 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 registered agent and/or the new registered office address here: Name of New Registered Agent: n/a				
n/a				
he new name must be distinguishable and contain the	words "Limited Li	ability Company," the desig	nation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applic	cable:	n/a 		
Principal office address MUST BE A STREI	E <u>T ADDRESS)</u>			
				.,
Enter new mailing address, if applicable:		n/a		
Mai <u>ling address MAY BE A POST OFFICE</u>	BOX)			
	ffice address h		ur records, <u>en</u>	ter the name of th
Name of New Registered Agent:	n/a 			
New Registered Office Address:	n/a			- 1
		Enter Florida		Laight
		•	1 1011ua	
New Registered Agent's Signature, if changing	Registered Age	nt:		

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
AMBR	Carol Shalom Family Trust	2711 S. Ocean Drive	₩ Add
		Apt. 606	☐ Remove
		Hollywood, FL 33019	
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			Remove
			Add
			Remove
			Change
		<u> </u>	_ □ Remove
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