LIL 0000 91228

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | Idress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | | |
| Pg. 3 mis | ezica | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600287922776

07/18/16--01014--012 **25.00

SCHEIAST OF STATE

P 4: 09;

S Warren AUG 1 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2016

J WALTER MCCRORY 1900 SE 15 STREET, SUITE 6 FORT LAUDERDALE, FL 33316

SUBJECT: SFL CONSTRUCTION, LLC

Ref. Number: L16000091228

We have received your document for SFL CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 3

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 516A00015103

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| SFL Constru SUBJECT: | uction, LLC | | |
| SODJECT: | Name of Limi | ted Liability Company | |
| | Amendment and fee(s) are submodence concerning this matter | - | |
| | J. Walter McCrory | | |
| | | Name of Person | ······································ |
| | J. Walter McCrory, P.A. | | |
| | | Firm/Company | |
| | 1900 S.E. 15th Street, Suite | e 6 | |
| | | Address | |
| | Fort Lauderdale, FL 33316 | | |
| | wmccrory@jwmpa.com | City/State and Zip Code | |
| | | to be used for future annual report notifi | cation) |
| For further information co | oncerning this matter, please ca | d1: | |
| J. Walter McCrory | | 954 462-6124 | |
| Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | 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 Construction, LLC | | | |
|---|--|---|--|
| (Name of the Limited (A | Liability Company as it now appears on Florida Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liab | ility Company were filed on May 10 | 0, 2016 and assigned | |
| Florida document number L16000091228 | | <u> </u> | |
| 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 word | ls "Limited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicab | le: | | |
| (Principal office address MUST BE A STREET . | ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| <u>(Mailing address MAY BE A POST OFFICE BC</u> | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florida s | treet address | |
| | | | |
| | City | , Florida Zip Code | |
| New Registered Agent's Signature, if changing Reg | istered Agent; | · | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch | and complete performance of my red agent as provided for in Chap sistered office address, I hereby co ange. | duties, and I am familiar with and oter 605, F.S. Or, if this document is onfirm that the limited liability. Signature of New Registered Agent | |
| | Page 1 of 3 | ORIE D | |
| | rage I Of 3 | | |

'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 | Justin Onofrietti | One East Broward Boulevard | |
| | | Suite 700 | ■ Remove |
| | | Fort Lauderdale, FL 33301 | ☐ Change |
| AMBR | Steve C. Riddle, Jr. | One East Broward Boulevard | |
| | | Suite 700 | ■ Remove |
| | | Fort Lauderdale, FL 33301 | Change |
| AMBR | Onofrietti & Associates, Inc. | 605 S.W. 14th Avenue | |
| | | Fort Lauderdale, FL 33313 | □ Remove |
| | | | |
| AMBR | Steve Riddle Consulting, LLC | 10391 Jasmine Court | |
| | | Pembroke Pines, FL 33026 | □ Remove |
| | | | Change |
| | | | □ Add |
| | | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 | □ Remove |
| | | | Change |
| | | | A Promotes |
| | | | P Change |

| _ | |
|----------|--|
| | |
| - | |
| | · · · · · · · · · · · · · · · · · · · |
| _ | |
| | |
| • | |
| - | |
| | |
| | • |
| - | |
| - | |
| _ | |
| | |
| • | |
| - | * |
| | |
| | |
| | |
| | |
| | |
| | • |
| eci | tive date, if other than the date of filing: (optional) [Tective 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. |
| te: | . If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen |
| un | ment's effective date on the Department of State's records. |
| | to the second se |
| re he | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed. |
| | · |
| ted | <u>, 707-12-2016</u> , |
| | |
| | Signprive of a member or authorized representative of a member |
| | |
| | - Establishing Onother Designation |
| | Typed or printed name of signee |
| | |
| | Page 3 of 3 |

Filing Fee: \$25.00