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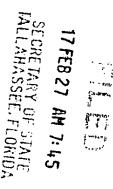
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

Division of C	Corporations			
SUBJECT:	SFC	WHOLESALE LIMITED, L	LC	
SOBJECT:		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
		SEAN M. KELLY, ESQ.		
		Name of Person		
		NAJMY THOMPSON, P.L.		
		Firm/Company		
	1401 8TH AVENUE WEST			
		Address		
	BR	ADENTON, FLORIDA 342	05	
* <u>,</u>		City/State and Zip Code		
		LY@NAJMYTHOMPSON		
	E-mail address: (	to be used for future annual repo	ort notification)	
For further information	n concerning this matter, please ca	all:		
SEAN M	I. KELLY, ESQ.	at ( 941 )	748-2216	
Nam	e of Person	Area Code I	748-2216 Daytime Telephone Number	
Enclosed is a check for	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section \*

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

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan) The Articles of Organization for this Limited Liability Company were filed on		
	1441/05 00/0	
140000400754	MAY 25, 2016	and assigned
lorida document numberL16000102754		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability company	<u>, here</u> :	
516 PALMA SOLA BLVD LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the	abbreviation "L.L.C."
Inter 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 egistered agent and/or the new registered office address here:	on our records, enter	r the name of the
Name of New Registered Agent:		SS 7
New Registered Office Address:	El I	1/2
New Registered Office Address:	Florida street address	1/2

## 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>	<u>Name</u>	Address	Type of Action
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		<del>.</del>	□ Remove
			☐ Change
			□ Remove
			☐ Change
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(If an effective d Note: If the o	e, if other than the date of filing the is listed, the date must be specific are ate inserted in this block does not fective date on the Department of	nd cannot be prior to d meet the applicable	late of filing or more the	(optiona an 90 days after filin uirements, this dat	g.) Pursu	ant to 6 ot be li	05.020 sted a
document s e	rective date on the Department of	State's records.					
	pecifies a delayed effective day after the record is filed		n effective time,	, at 12:01 a.m	. on th	e ear	lier (
Dated	FEBRUARY	, <u>2017</u> M, Will					
	1	A Street	,				

Page 3 of 3

Filing Fee: \$25.00