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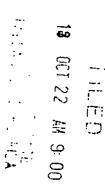
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

SDLC,LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The southern Aminton	f Amendment and fee(s) are sub	ancies and Compiliation	
		•	
lease return all corresp	ondence concerning this matter	to the following:	
	SHAWNA CLARK		
		Name of Person	
	BEACH & BEYOND REY	NTALS	
		Firm/Company	
	903 E. CAUSEWAY BLV	'D	
		Address	
	VERO BEACH, FL 32963	:	
	shawna@beachandbeyondr	City/State and Zip Code entals.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Shawna Clark		772 234-3379	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

MAILING ADDRESS:

TO:

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

(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our recor ed Liability Company)	rds.)
he Articles of Organization for this Limited Liability Compa lorida document number $\frac{\text{L}16000115037}{\text{L}}$.	ny were filed on 06/2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LI.	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		1. 1. FE
		<u>=</u> 0
nter new mailing address, if applicable:	<u> </u>	. ب
Mailing address MAY BE A POST OFFICE BOX)		<u>,</u> 00
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		· - · · · · · · · · · · · · · · · · · · ·
	Enter Florida street addre	22
		lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SDLC,LLC

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	PATERSON, LYNDA	903 E. CAUSEWAY BLVD	
		VERO BEACH, FL 32963	
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			Change
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Effect	ve date, if other than the date of filing: (opt	tional)
lf an ei	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aff	er filing.) Pursuant to 605,020
	If the date inserted in this block does not meet the applicable statutory filing requirements, thent's effective date on the Department of State's records.	is date will not be listed a
erre (ii	ent's effective date on the trepartment of state's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the earlier o
1110	Journally litter the record is med.	
	OCTOBER 17 2018	
	· · · · · · · · · · · · · · · · · · ·	
Dated		
Dated		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00