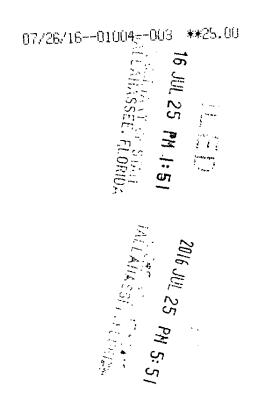
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## **COVER LETTER**

TO: Registration Secti Division of Corpo		•	
SUBJECT:	SALDOPI	CAT LLC ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	ZI.	Domingue	6
		Name of Person	
		Fi/C	
	- 0 (	Firm/Company	00.00
	1870 N. C	orpotate Lake	s Bld. Suite 103
	4	Address	
	Weston, -	h 33326	<u>.</u>
	Thank	City/State and Zip Code	0.00
	E-mail address: (to	o be used for future annual report notif	ication)
For further information cond	cerning this matter, please ca	M:	
Name of Po	<del>Duinglet</del>	at (954) 245- Area Code Daytime	7117 Telephone Number
Enclosed is a check for the	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

S	aldon	lat LL	2		
(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appears on o ility Company)	ur records.)		
The Articles of Organization for this Limited Liab Florida document number	oility Company we	re filed on <u>7-1</u>	4-2016	and ass	igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liabilit	y company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designa	tion "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applicab	·	n/a			
(Principal office address MUST BE A STREET	ADDRESS) _				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- 0X)	n/a			
				<b>治</b>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic ce address here:	e address on our	records, enter	SEC. TO	of the new
Name of New Registered Agent:	n/9			7.5.4.5.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5	y fi
New Registered Office Address:		Enter Florida str	eet address	_I > '	
			, Florida		
		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> **Address Type of Action** Name Salman, Michael 6314 Longboat Ln. MGR Remove □ Add ☐ Remove ☐ Change □ Remove 5 Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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lf an effe <u>Note:</u> I	te date, if other than the date of filing:	Rursuant to	6605.020 Flisted a	07
	and specifies a delayed effective date, but not an effective time, at $12:01~a.m.~o$ 0th day after the record is filed.	n the e	arlier o	of:
Dated _	7-19-16			
	Signature of a member or authorized representative of a member		_	

Page 3 of 3

Filing Fee: \$25.00