

Florida Department of State
Division of Corporations
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((H16000242111 3)))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC
 Account Number : I20130000079
 Phone : (305)804-1047
 Fax Number : (866)767-7835

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SDC COMPANY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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16 SEP 29 AM 10:08

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Corporate Filing Menu

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D. SCOTT

SEP 30 2016

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(H16000242111 3))

SDC COMPANY LLC

(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 09/16/2016 and assigned
Florida document number L16000174552

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 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:

(Mailing 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

((H16000242111 3)))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	DANIEL NATALE	2327 WEST 52ND STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SABRINA NATALE	10820 N.W. 84TH STREET	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SABRINA NATALE	10820 N.W. 84TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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