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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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O SIMMONS

JAN 18 2020

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	ocrations		
SUBJECT:	SDM Prop	Derties III, 460 ited Liability Company	.
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	idence concerning this matter	-	
ricase return an correspon	idence concerning this matter	to the following.	
	Sanhag	D. Hurales	
	V	Name of Person	
		Firm/Company	
	7.2- A/	Crankle Dr	ive
	/37 /V -	Greenway Dr. Address	
	Coral Ga	bles Fl. City/State and Zip Code	33134
		City/State and Zip Code	
	Empli address to	e maniforce con	77
For further information co	ncerning this matter, please ca		ncaron
Amparo	Alvarez	at (<u>786</u>) <u>636</u> - Area Code Daytin	18 52
Name of	Person	Area Code Daytin	ne 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 S		Street Address:	etion
Division of Co		Registration Se Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

som Prop	pany as it now appears on our records.) d Liability Company)
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number	iv were filed on $\frac{9/19/16}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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 agent and/or the new registered office address here:	e address on our records, enter the name of the new registe
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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Laura Garcia	1430 S. Divie Hwy-	□ Add
		Ste 309	\Themove
		Coral Gables F1. 33146	□Change
MGR	Sanhago R. Morales	1535 Palancia ave.	XAdd
		Coral Gables Fl. 331	/
			□Change
		· · · · · · · · · · · · · · · · · · ·	☐ Add Remove
		<u> </u>	Remove
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			Change

Page 2 of 3

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicatument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not the 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
w November 25 2019.	_·
led // V	
ted November 25 2019. Signature of a member or authority	

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Filing Fee: \$25.00