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SECRETARY OF STATI
ALL ALIASSEE, FLORIC

K. SALY MAR 16 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SFL Over stock LLC  Name of Limited Liability Company
Name of Emilied Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Modnguez Name offerson
Flamingo Motoring Firm/Company
P.O. Box 972335
Migmi, FL 33197 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Podnouez at (305) 975-4382  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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**

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SECRETAI	PY OF ST. 18
	16 PH 2: 18 E. FLORIDA

SEL Overthit

JI - WYEY 5/0C/	
(Name of the Limited Liability Com	pahy as it now appears on our records.) d Liability Company)
(A Florida Limite	a Clabinty Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L / 6000 / 93060}{}$ .	ny were filed on 10/19/20/6 and assigned
Florida document number / 16000 193060	, , , , , , , , , , , , , , , , , , , ,
riorida document number 2 / 0000 / / 3000 .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
Flaming o Motor, ng, LL. 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:	10852 SW 1885T
(Principal office address MUST BE A STREET ADDRESS)	10852 SW 1865t Migmi, FL 33157
	——————————————————————————————————————
Enter new mailing address, if applicable:	Po Bay 972 335
• • • • • • • • • • • • • • • • • • • •	P.O. Box 972335 Miami, FL 33/97
(Mailing address MAY BE A POST OFFICE BOX)	/11am), FL 33/9/
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address: 1085	2 SW 1885T Enter Florida street address
44.	

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida \_

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 Name **Address Type of Action** Michael Rodriguez 10852 SW 1885T □ Add ☐ Remove Change VP Mary Burne 10852 SW 188 ST **⊠** Add 33157 ☐ Remove ☐ Change □ Add Remove □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

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