

L16000194216

Courier Xpress

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900291658019

11/01/16--01010--014 **25.00

RECEIVED
DEPT. OF STATE
16 NOV - 1 PM 12:35

FILED

2016 NOV - 1 P 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 02 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

COURIER XPRESS

SUBJECT: SLS BRICKELL 1509 LLC
Ref. Number: L16000194216

We have received your document for SLS BRICKELL 1509 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the document, there is no change submitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 016A00023534

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLS BRICKELL 1509, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paola Guerrero

Name of Person

Law Offices of Paola Guerrero, PA

Firm/Company

9900 SW 107 Avenue, Suite 101

Address

Miami, FL 33176

City/State and Zip Code

law@paolaguerrero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA GUERRERO at 305 279-1000
Name of Person Area Code Daytime 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**

SLS BRICKELL 1509, 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 October 20, 2016 and assigned
Florida document number L16000194216.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SCORZA 1509, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2018 NOV - 1 P 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 1

2016

Signature of a member or authorized representative of a member

Ernesto Bermudez

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 NOV - 1 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA