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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: SALLER			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	OSWALDO SANTIZO		
		Name of Person	
	SALLER LLC		
		Firm/Company	
	12741 SW 42ND STREE	ET	
	MIAMI, FL 33175	Address	
	novicor@novicorpora	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual r	report notification)
For further information (	concerning this matter, please ca	all;	
OSWALDO SANTIZO		at ( <u>786</u> ) Area Code	816-5547
Name (	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &

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

FILED
2011DEC 20 PHIZ: 10
SELGETARY OF STATE
TOLD SHASSEE STATE

SALLER LLC

			LARY DE D.
( <u>Name of the Limited Liabil</u> (A Florid	ty Company as it now appea a Limited Liability Company)	rs on our records.)	ASSEE FLORID,
The Articles of Organization for this Limited Liability Corida document number	Company were filed on	12/06/2016	and assigned
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the lim	ited liability company h	ere:	
he new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or regisegistered agent and/or the new registered office add  Name of New Registered Agent:		n our records, <u>ent</u>	er the name of the
New Registered Office Address:			
	Enter Flo	orida street address	<u> </u>
		Florida	
	City		Zip Code
iew Registered Agent's Signature, if changing Registere	d Agent:		

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
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		MIAMI, FL 33175	<b>E</b> Remove
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ective u effective	late, if other than the date date is listed, the date must be sp	or fiffig:ecific and cannot be prior to d	ate of filing or more than	(Optional) 90 days after filing.) P	ursuant to 605,0207
<u>te:</u> If the	e date inserted in this block do reffective date on the Departn	ses not meet the applicable	statutory filing requir	ements, this date wi	II not be listed as
	and the me is a part.				
record	specifies a delayed effe	ctive date but not a	n effective time la	t 12:01 a.m. or	the earlier of
	th day after the record is		,		
ed	November 8th				
		11/11/1			

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Typed or printed name of signee

Filing Fee: \$25.00