

L17000 103 860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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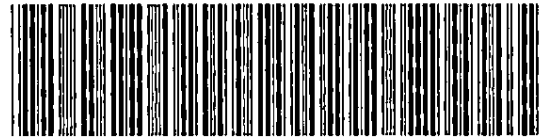
(Business Entity Name)

(Document Number)

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MAR 18 2019  
S. YOUNG

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NOTARY  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SDCS 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:

SEBASTIAN MOCHKOVSKY  
Name of Person

SDCS LLC  
Firm/Company

2052 Benjamin Franklin Dr 901C  
Address

Sarasota FL 34236  
City/State and Zip Code

sebastianm69@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sebastian Mochkovsky at (305) 785 1432  
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**

**SDCS 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 05/10/2017 and assigned  
Florida document number L 17000103860

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 ~~NO NUMBERS OR SPECIAL CHARACTERS~~

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

City

Florida

Zip Code

~~NO NUMBERS OR SPECIAL CHARACTERS~~

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 attending 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>
MGR	LEOPOLDO MOCHKOVSKY	15645 Collins Ave #902	[X]Add
		33160 Sunny Isles Beach	[X]Remove
		Florida 33160	[X]Change
			[X]Add
			[X]Remove
			[X]Change
			[X]Add
			[X]Remove
			[X]Change
			[X]Add
			[X]Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

\*\*\*\*\*

(TYPE) (GRADE) (EXTENSION) (NUMBER) (FIRST NAME) (LAST NAME) (CITY) (STATE) (ZIP) (COUNTRY)  
 (SEX) (BIRTH DATE) (MARRIAGE DATE) (CHILDREN) (PARENTS)

Dated 03/03/2019, \_\_\_\_\_

Signature of a member or authorized representative of a member

Sebastian MuchKovsky  
Typed or printed

Typed or printed name of signee