L17000123029

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10:	Division of Cor			
SUBJE	СТ •	STREET LE	GAL SXS, LLC	
SUBJE	C1		ted Liability Company	;
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	;
Please re	cturn all correspo	ndence concerning this matter	to the following:	
		TAYLOR E. S		
			Name of Person	
		STREET LEGA	AL SXS, LLC Firm/Company	
		2336 S.E OCE	EAN BLVD, SUITE 385	
		CTUART FLO		
		STUART, FLC	City/State and Zip Code	
		Testanley27	@icloud.com	
			to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please ca	all:	•
TA	YLOR STANL	.EY	at (630) 631-227	'4
	Name o	f Person		e Telephone Number
Enclose	d is a check for the	he following amount:		
CX \$ 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)
				;
		ING ADDRESS: ration Section	STREET/COURI Registration Section	ER ADDRESS:
	Divisio	on of Corporations	Division of Corpor	
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Co	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STREET	LEGAL SXS, LLC			
(Name of the Limited)	Liability Company as it now appears Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document numberL17000123029	ility Company were filed on	UNE 5, 2017	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the des	signation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicab	le:			. .
(Principal office address MUST BE A STREET)	ADDRESS)		100	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		P.G. 22:	. . —
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of th	e new
Name of New Registered Agent:	TAYLOR E. STANLE	ΕΥ	·	
New Registered Office Address:	2336 S.E OCEAN B			
		da street address	1	
	STUART	, Florida	34996 Zip Code	_
	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.

Page 1 of 3

If Changing Registered Agest, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			☐ Ghange.
			Remove
			Change
			□ Add
			Remove
			Change
			Add-1
			Remove
			∴ Ç`\ ∴ ¬t; Change
			☐ Change
			□ Remove
			☐ Change

f amending an	y other information, enter change(s) here: (Attach additional sheets, if neces	sary.)	
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an effective date Note: If the dat locument's effe e record spe	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to e inserted in this block does not meet the applicable statutory filing requirements, this cive date on the Department of State's records. ceifies a delayed effective date, but not an effective time, at 12:01 along after the record is filed.	filing.) Pursuant to 6 date will not be l	isted as the
THE JULI O	ay after the record is filed.		1
Dated	OCTOBER 28, 2017	<u> </u>	2017
	In Mily		7 KCY
	Signature of a member or authorized representative of a member	<u> </u>	4 - 6
	JOHN J. McGLYNN III		TP
	Typed or printed name of signee	::::::::::::::::::::::::::::::::::::::	112:
	Page 3 of 3	 \$7,17	<u> </u>

Filing Fee: \$25.00