1/7000/25979

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D. SCOTT 0CT 1 0 2017

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	sai Develoff Name Flin	ment Group, ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	South h	Name of Person Partin Company	······
		Firm/Company	
	10752 Deel	wood Park Red	S. Waterview II Ste 100
		Address	Ste. 100
	Junksonville	le FL 3225	
	$c \cdot 1/02$	Eity/State and Zip Code Group hotels. Com My be used for future annual report notifi	
	E-mail address:	A be used for future annual report notif	leation)
For further information of	concerning this matter, please c		
Sott	a sinch	904 394-	2580
Name (of Person	at (904) 394 – Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified (Copy (additional copy) is enclosed)
MAII	ING ADDRESS:	STREET/COURT	ER ADDRESS: See w
Registi Divisio P.O. B	on of Corporations ox 6327 assee, FL 32314	Registration Section Division of Corport Clifton Building 2661 Executive Certallahassee, FL 32.	n ations G

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lesa, Development	Group, LLC			
(Name of the Limited L	bility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number 4/7000/25879.			and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability SAT Development Grow The new name must be distinguishable and condin the words "Limited Liability"	<u> </u>			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbrevi	ation "L.I	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 offi registered agent and/or the new registered office address here:		nter the	name (of the new
Name of New Registered Agent:				
		-1 5-1	7 1 7	
New Registered Office Address:	Enter Florida street address		=	Caratan
	Florie		Ĭ,	er parameter in Authorite
	, Florid		ip Code	المحاصة
New Registered Agent's Signature, if changing Registered Agent:			U	F3
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and l ovided for in Chapter 605, F.S	am fami. S. Orzif th	liar-with us docu	h and ment is

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 **Title** Name **Address** Type of Action □ Add ☐ Remove □ Change _□ Add _□ Remove _□ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change ₽₽V¶ □ Remove _ Change _⊟⊋dd □ Remove ☐ Change

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an effective date lote: If the dat	if other than the d is listed, the date must be inserted in this bloc ctive date on the Dep	ne specific and it is does not me	cannot be prior to eet the applicab		than 90 days afte		
	cifies a delayed by after the reco		ate, but not a	an effective tim	e, at 12:01	a.m. on t	he earlier c
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		ignature of a m		red representative of			<u> </u>

Page 3 of 3

Filing Fee: \$25.00