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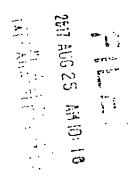
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Operations to Filling Officer.          |
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Office Use Only



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I. HARRIE

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: SAT I NVESTMENTS FLORIDA 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:                                                                                                                                                        |
| Stephen Stone E.SQ. Name of Person                                                                                                                                                                                               |
| Firm/Company                                                                                                                                                                                                                     |
| 726 N MAGNOLIA AV                                                                                                                                                                                                                |
| Oriando FC 32803                                                                                                                                                                                                                 |
| City/State and Zip Code                                                                             |
| For further information concerning this matter, please call:                                                                                                                                                                     |
| Den Se Morrill at (904) 377-76/0  Area Code Daytime Telephone Number                                                                                                                                                             |
| Enclosed is a check for the following amount:                                                                                                                                                                                    |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

| SAI INVOSTMEN                                                                                   | ats Florina                                                        | 110                     |                  |               |           |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|------------------|---------------|-----------|
| (Name of the Limited Liab<br>(A Flor                                                            | pility Company as it now appears of ida Limited Liability Company) | n our records.)         | •                |               |           |
| The Articles of Organization for this Limited Liability Florida document number 1700154         | Company were filed on $7/2$                                        | 19/201                  | <u> </u> a       | nd ass        | igned     |
| This amendment is submitted to amend the following:                                             | :                                                                  |                         |                  |               |           |
| A. If amending name, enter the new name of the li                                               | mited liability company here                                       | :                       |                  |               |           |
|                                                                                                 |                                                                    |                         |                  |               |           |
| The new name must be distinguishable and contain the words "L                                   | Limited Liability Company," the designment                         | gnation "LLC" or the    | abbrevia         | tion "L.      | IC."      |
| Enter new principal offices address, if applicable:                                             |                                                                    |                         | <del></del> -    |               |           |
| (Principal office address MUST BE A STREET ADD                                                  | DRESS)                                                             |                         |                  | ====          | tax       |
|                                                                                                 |                                                                    |                         | <u>&gt;- ```</u> | _ <del></del> | <u> </u>  |
|                                                                                                 |                                                                    |                         | 55.5             | 25            | F.45.     |
| Enter new mailing address, if applicable:                                                       |                                                                    |                         |                  | 27-           | 7         |
| (Mailing address MAY BE A POST OFFICE BOX)                                                      |                                                                    |                         | ·'`              | <u> </u>      | ·         |
|                                                                                                 |                                                                    |                         |                  |               |           |
|                                                                                                 |                                                                    |                         | ÷- "             |               |           |
| B. If amending the registered agent and/or registered agent and/or the new registered office ac |                                                                    | ur records, <u>ente</u> | r the i          | <u>iame</u>   | of the ne |
| Name of New Registered Agent:                                                                   |                                                                    |                         |                  |               |           |
| New Registered Office Address:                                                                  |                                                                    |                         |                  |               |           |
|                                                                                                 | Enter Florida                                                      | street address          |                  |               |           |
| <u> </u>                                                                                        |                                                                    | , Florida _             |                  |               |           |
|                                                                                                 | City                                                               |                         | Ziţ              | 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 = Au    | thorized Member |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------|-----------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Title</u> | Name            | Address                              | Type of Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AMBR         | Neer ja Crupta  | 4327 Groswell RO                     | 🗆 Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | ,               | 4327 Groswell RD<br>Smyrna GrA 30082 | ■ Remove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Effective date, if other than the date of filing:  In 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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  A DOTT.  Page 3 of 3                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
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| Signature of a member or authorized representative of a member  Neo R. A. G. Lynda  Typed or printed name of signee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              | tive date, if other than the date of filing: (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
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Filing Fee: \$25.00