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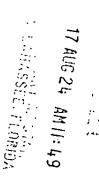
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COVER LETTER

Division of Corporations				
SUBJECT: SFLA Development Group, LCC 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:				
SFLA Development Group, LC				
SFLA Development Group, LLC Firm/Company				
2350 Sut 3rd Auz #303				
Miami FC, 33129 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jerrifles E. Friendes Vonier at (754) 610 8567 Name of Person Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

TO:

Registration Section

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

	Exposest Group, LA
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $82 - 2453680$	ompany were filed on $08/10/3017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)
	,
Enter new mailing address, if applicable:	17
(Mailing address MAY BE A POST OFFICE BOX)	
	24 SE
	tered office address on our records, enterthe name of the new
registered agent and/or the new registered office addr	ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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.

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>	Name	Address	Type of Action	
44R	Name Venifix & fuerks Romen	2250 SW 3rd Ave #303 Miami FC 33129	■ Add	
	Koncep		🗆 Remove	
			Change	
			Add	
			Remove	
			Change	
		1.5 2.5 2.1 2.1		
		CHASSEE FLORID	Change Add	
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			Remove	
			□ Change	
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			□ Remove	
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