L1800035208

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SHRU		LC		
SOBJ		Name of Lim	ited Liability Company	
			_	
Please	return all correspo	endence concerning this matter	to the following:	
		KEVIN P. KASSEBAUM		
			Name of Person	
		KEVIN P. KASSEBAUM.	, CPA, PA	
Firm/Company				
		7015 BERACASA WAY,	STE 105	
			Address	
		BOCA RATON, FL 33433	1	
		KASSKEVCPA@BELLSO	City/State and Zip Code	
		-		cation)
For fu	rther information c	oncerning this matter, please co	all:	
KEVI	Name of Person KEVIN P. KASSEBAUM, CPA, PA Firm/Company 7015 BERACASA WAY, STE 105 Address BOCA RATON, FL 33433			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:		
■ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAI 1511 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 2/07/2018 and assigned Florida document number L18000035208 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 the words "Limited 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 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBERT E. GIVEN, Jr.	1719 SE 10TH STREET	🗖 Add
		FT. LAUDERDALE, FL 33316	☐ Remove
			☐ Change
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(If an e : <mark>Note</mark>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of the record is filed.
Dated	EFRUARY 13 , 2018

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Typed or printed name of signee

Filing Fee: \$25.00