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(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

3 SADDI. SUBJECT:	ER TRAIL, LLC		
30bJEC1	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Laurah Boswell		
		Name of Person	
	Broad Financial LLC		
		Firm/Company	
	I Paragon Dr. Ste 270		
		Address	
	Montvale, NJ 07645		
	orders@broadfinancial.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Laurah Boswell		845 352-3000	
Name	of Person	at ()	: Telephone Number
Enclosed is a check for	the following amount:		
1 \$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

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

3 SADDLER TRAIL, 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 03/16/2018 and assignment and assignment of the Articles of Organization for this Limited Liability Company were filed on 03/16/2018	gned
Florida document number L18000069433	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Sidewinder, LLC	
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 the name or registered agent and/or the new registered office address here:	of the n
	20 Fq
Name of New Registered Agent:	2 ~~ D
New Registered Office Address:	-
Enter Florida street address	<u> </u>
Cuv , Florida Zip Code .	<u>۽</u> ر
New Registered Agent's Signature, if changing Registered Agent:	<u>_</u>

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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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			Add
		 	Remove
			□ Change
			🗖 Add
			🗆 Remove
			□ Change
			
			□ Remove
			Change

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Effective date, if other the fram effective date is listed, the Note: If the date inserted is document's effective date of	n this block does no	ot meet the applic	able statutory filing ((optional) e than 90 days after filing.) Purequirements, this date wil	rsuant to 605,020 I not be listed as
he record specifies a c The 90th day after t			t an effective tin	ne, at 12:01 a.m. on	the earlier o
Dated September 11		2019			
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Typed or printed name of signee

Filing Fee: \$25.00