118000 000 321

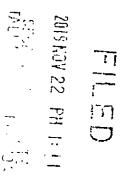
(Requ	iestor's Name)	
(Addı	ess)	
(Addı	ess)	
. (City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

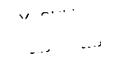
Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	SL Seventeen LI	ъС		
SUBJECT:	Name of Lim	ited Liability Company		·
	Amendment and fee(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
	L	ISBET ALONSO		
		Name of Person		·
	I	INTX CARRIER S	SERVICES	INC
		Firm-Company		
	4201 W DR 1	MARTIN LUTHER	KING JR	3LVDSTED
		Address		
TAMPA FL 33614				
		City/State and Zip Cod	le	
		STAREXPRESS.CO		
an an an an an an		to be used for future annu	аі герогі пошіє	ation)
For further information c	oncerning this matter, please ca	aii:		
LISBET AL	ONSO	at (<u>813</u>)	805-857	12
Name o	f Person	Area Code	Daytime 1	Telephone Number
Enclosed is a check for the	ne following amount:			
☑ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is c		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registr Divisio	ET/COURIE ration Section on of Corporat Building	R ADDRESS:

2661 Executive Center Circle Tallahassee, Fl. 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SL Sev	IENteen LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab lorida document number <u>L18000090321</u>		1-13-2019 and assigned
his amendment is submitted to amend the follow	ing:	
a. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicab	2222	I 64 AVE MIAMI FL 33155
Principal office address MUST BE A STREET .	ADDRESS)	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO		W 64 AVE MIAMI FL 33155
. If amending the registered agent and/or egistered agent and/or the new registered office		
Name of New Registered Agent:	CLAUDIA AGUIAR	
New Registered Office Address:	2320 SW 64 AVE	%G
	Enter Florida :	street address
	MIAMI Cin:	Florida <u>33155</u> Ziv Code
	Cij	<i>Σιρ</i> Conc

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>	<u>Name</u>	Address	Type of Action
MGR	CLAUDIA AGUIAR	2320 SW 64 AVE MIAMI FL 33155	Ø Add
			□ Remove
			Change
MGR	ELIO ALVAREZ	12365 SW 18 TH ST BLDG 3	🗆 Add
		ΛΡΤ 303 ΜΙΛΜΙ FL 33175	☐ Remove
			Change
·			Add
			D Remove
		Change	
			□ Add
			Remove
		Change	
			□ Add
<u>.</u>		Remove	
		_□ Change	
		🗆 Add	
		_□ Remove	
			_□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
,	· · · · · · · · · · · · · · · · · · ·
•	
L' L'ffact	tive date, if other than the date of filing:
(If an ef <u>Note:</u>	tive date, if other than the date of filing:
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	November 14th, 2017
	Signature of a member or authorized representative of a member
	Claudia Agrias Typed or printed name of signer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00