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To:

Division of Corporations

Fax Number : (850) 517-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA000630023 Phone: (614)280-3338 Fax Number: (954)208-0845

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* [F

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SDC LARGO LLC

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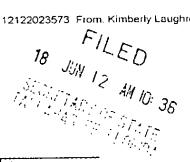
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K SALY JUN 13 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SDC Largo LLC		
(Name of the Limited Liab (A Flori	illry Company as it now appears on our i da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number <u>L18000127417</u>	Company were filed on 05/22/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
SDC Orlando LLC		
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our r ddress here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer Floridastree	tuidress
		, Florida
<del>-</del>	City	ZipCode

## 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

Page Lof 3

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			Change
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e record specifies a delaye The 90th day after the re	ed effective da cord is filed.	ite, but no	t an effectiv	e time, at 12	:01 a.m. on t	he earliei
Dated June 11		2018				
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Page 3 of 3

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