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COVER LETTER

TO:

TO: Registration Se Division of Cor			•
SUBJECT:	SAA50 //	46.	
SUBJECT.	SAA 50 / L Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		RT BENDER Name of Person	
	·	SENDER / EGA	L, PLLC
		. <u>Sox</u> 1812 8	
		TALLA ITASSEE S City/State and Zip Code TO SENDER D to be used for future annual report no	FL 32303
	E-mail address: (TOSENDER. 1 to be used for future annual report no	LEGAL otification)
For further information c	oncerning this matter, please c		
Nume o	BT BENDER	at (<u>409</u>) <u>98</u> Area Code Dayt	157-7278 ime Telephone Number
Enclosed is a check for the	re following amount:		
\$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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTICLES OF	ONGANIZATION	5 6.	
•	OF	Sto Mr.	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our reco	23 SEP 15 4H	
The Articles of Organization for this Limited Liability Comp Florida document number <u>(15002 15101</u>	any were filed on $\frac{9/10/15}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited SAF 50 INVEST The new name must be distinguishable and contain the words "Limited I	OR LABILLO	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	er the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	7275	
	F	Florida	
	Sily	rap Cone	

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
			□Add
			□ Remove
			□Change
		1	□Add
			□Remove
			□Change
			□Add
			Петюvе
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