

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Satinleaf Family Holdings 2019, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane P Higgins
Name of Person

Firm/Company

1919 Van Buren St, #715a
Address

Hollywood, FL 33020
City/State and Zip Code

higginsreality@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane P Higgins at (303) 246-9569
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Satinleaf Family Holdings 2019, LLC

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	ACCRUIT EXCHANGE ACCOMMODATION SERVICES	1331 17 th St, Suite 1250 Denver, CO 80202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Brent Abraham	Manager of Accrui Exchange	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Same address as above	<input type="checkbox"/> Change
MGR	Jane P. Higgins	1919 Van Buren, #715 Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN: 84-2171428

E. Effective date, if other than the date of filing: 10/16/2019 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10/17/ 2019.

Jane P. Higgins
Signature of a member or authorized representative of a member
Jane P. Higgins
Typed or printed name of signer