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Amend

JAN 0 6 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sating & Family Holdings 2019, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trease return an correspondence constraint
Jane P Higgins
Firm/Company
1919 Van Buren St, #715a
Hollywork Fl 33020 City/State and Zip Code Magins Ven Fr @ Comcast - NO (- JE-mail address: (to be used for June annual report notification)
For further information concerning this matter, please call:
Jane P Higgins at (303) 246-9569 Name of Person Person at (303) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\

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

Datinted Fram U	4 Toldings	on our records)
(<u>Name of the Limited Liability.</u> (A Florida Li	mited Liability Company)	out (comme)
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000153389</u> .	npany were filed on	11/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here	;
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		= 2
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	SEU JI
		1 0 T
		25
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
		, Florida
	City	Zip Code

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	ACCOMMODATION SERVICES	1331 17th St. Suite 1250 Denver, CO 80202	
	SERVICES		Remove Change
MBR	Brent-Abrahm	Manager of Account	Add
		Exchang- Same address as above	Remove
MGR	Janet. Higgins		
,	E)	1919 Van Buren, #715 Hollywood, FL 3302	DØ □ Remove
			Change
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Nato	tive date, if other than the date of filing: 10/16/2019 (optional) Tective 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 (300). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the re (b) Th	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.
Date	10/17/ 2019
	3 10/17 20/9. Signature of apprentiative of a member
	Jane P. Higgins Typed or printed name of signer

D.

Page 3 of 3

Filing Fee: \$25.00