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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: SC FERNANDEZ MANA Name of Limited Liabi	THEMENT LLC TO THE STATE OF THE
The enclosed Articles of Amendment and fee(s) are submitted fo	
Please return all correspondence concerning this matter to the fol	llowing:
Division of Corporations SUBJECT: SC FERNANDEZ MANAGEMENT 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: LAZARO SESUS FERNANDEZ Name of Person Firm/Company 16531 SW 58 TR Address MIAHI, FL 33193 City/State and Zip Code LAZYSTO & HOTMAT L.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAZARO SESUS FERNANDEZ at (305) 665 - 6881 Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filling Fee Certificate of Status Certificate Of Status	
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City/St DAEYSAL	ate and Zip Code TMAT L.COM
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LAZARO SESUS FERNANDEZ a Name of Person	t (305) 665 - 6581 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Co	ertified Copy Certificate of Status &
Registration Section	Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

SC FERNANDEZ MANATIEMENT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	8/22/2019	and assigned
Florida document number <u>L19000215135</u>	——·	SIZZIZOII	_ and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the des	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADD	DRESS)		
		<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 agent and/or the new registered office ac	gistered office address on o	our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	For m Fl mid	la street address	
	zmer r torta		
	City	, Florida <u></u>	Zip Çode
New Registered Agent's Signature, if changing Register	red 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

Title	<u>Name</u>	Address	Type of Action
MER	LAZARO S. FERNANDEZ		_ Add
		MIAHT FL 33193	□ Remove
			Change
			Remove
			□ Change
			🗆 Add
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Flective date, if other than the date of filing: (optional) 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records. The 90th day after the record is filed. CHECEMBER 6 309	_
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Signature of dimember or authorized representative of a member	

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Filing Fee: \$25.00