L25000301220

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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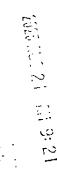




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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	42nd LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVEN SANKO		
		Name of Person	
		Firm/Company	
	4444 Tacoma Park Drive		
	-	Address	
	Fort Luaderdale, FL 33309		
		City/State and Zip Code	
	ssanko06@hotmail.com E-mail address: (i	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
STEVEN SANKO		570 582-5079	
Name o	of Person	at () Area Code Daytime *	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee \$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 Registration		<u>Street Address:</u> Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200 1321 111 5:21

11860 NW 42nd 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 C Florida document number L25000301220		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
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 address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet 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 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	ISG Family Holding LLC	4444Tacoma Park Drive, Fort Lauderdale, FL 33309	= Add
			□Remove
			□Change
AMBR	SG Family Holding LLC	4444 Tacoma Park Drive, Fort Luaderdale, FL 33309) □Add
			= Remove
			□Change
			□Add
			□Remove
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		18-2025			
ective date, if other than the effective date is listed, the date me	e date of filing:		filing or more than	(optiona 90 days after fili	a l) ng.) Pursuant to 605.02:
te: If the date inserted in this burnent's effective date on the l	block does not meet ti	ie applicable statu	ttory filing requir	ements, this da	ite will not be listed
amone serieure date in the	repairment of State's	records.			
cord specifies a delayed effecti	ve date, but not an ef	fective time, at 12	:01 a.m. on the e	arlier of: (b)	The 90th day after th
s filed.				u	The your day and in
A	202	.F			
ed August 18					
	VI OI				
	Signature of a member	r or authorized repr	esentative of a mer	nher	

Filing Fee: \$25.00