m09000004454

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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16 NOV -2 AN 9 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

DEPARTMENT OF STATE

16 NOV -2 PH 4: 23

D. **SCOTT NOV** 3 2016

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195	
REFERENCE	: 354154 733954	:0
AUTHORIZATION	: Level De	
COST LIMIT	: \$25.00	ノ
ORDER DATE: November 2, 2016 ORDER TIME: 3:26 PM		
ORDER NO. : 354154-030		
CUSTOMER NO: 7339540		
FOREIGN F	ILINGS	
NAME: SITRICK BRINCE	KO GROUP, LLC	FI NOV SECRETAL
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	Ý.	-2 M 9 O; RY OF STATE SSEE, FLORID;
XXXX AMENDMENT	22002 02 221 230	. ≫ N
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA		

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: SITRICK BRINCKO GROUI		Department of	
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
2. The Florida document number of this limited liab	pility company is: M09000	004454	TALL SECTION
3. Jurisdiction of its organization: DELAWAR	RE		野岛人
4. Date authorized to do business in Florida: NO	VEMBER 12, 2009		SEC 2
SECTION II (5-9 complete only the applicable c	hanges)		ELLON ST.
5. New name of the limited liability company: SI (must	TRICK GROUP, LLC contain "Limited Liability Co	mpany, " "L.L.C.," o	HE S
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the a		
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad		ls, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	da Street Address	
	Emer 1 lorte		
	City	, Florida 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 uddress, I hereby confirm that the limited liability company has been notified in writing of this change.

e/ Capacity	Name	Address	Type of Action	
	to the commencer of the		Add	
			Remov	
			Add	
		1	Remov	
aparaga aya katalahakaka aya aya katalahakaka aya aya katalahakaka aya aya katalahaka aya aya katalahaka aya a			Add	
			Remov	
			A SECOND	
			NRY OF A	
		days old, evidencing the	ORDER Remov	

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SITRICK BRINCKO

GROUP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "SITRICK GROUP, LLC" ON THE TWENTY-EIGHTH DAY OF OCTOBER,

A.D. 2016, AT 1:41 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILLU 16 NOV -2 M 9 02 SECRETARY OF STATE ANASSEE, FLORIDA



Authentication: 203267498

Date: 11-02-16

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