L19000 125 274

(Requestor's Name)
<u>.</u>
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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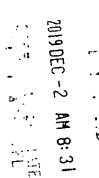
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: SAPLA	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Joe	Soprano Name of Person	
	Sopra	10 Properties	JAC.
	/12 0	ORANGE Ave	
	_ Edgen	City/State and Zip Code OERTICS @ MAIC to be used for future annual report notific	2/32
	Soprand Plo E-mail address:	DERTIES OF GMAIL to be used for future annual report notific	· Com
For further information con	ncerning this matter, please or	uli:	
	PRAWO Person	at (<u>386</u>) <u>299</u> Area Code Daytime	- 9228 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 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

The Articles of Organization for this Limited Liability Company were filed on _MAY 8, 2019 and assigned Florida document number <u>L 19000 125274</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	GABRIElle FISHER	1200 AMBRA DR	Add
		1200 AMBRA DR MelBourne, FL 3240	Remove
			Change
			Add
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			□ Change

· If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
•	
(If an et Note:	tive date, if other than the date of filing:
	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.
Dated	Signatury of a mymber of authorized representative of a member
	Toseph J. SPRAND Typed or printed name of kignee

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Filing Fee: \$25.00