

L19000 267944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

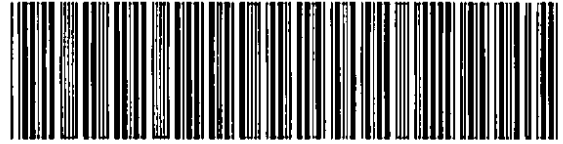
(Document Number)

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300345570893

06/19/20--01119--008 **25.00

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
20 OCT 19 AM 11:12

Amend/ Name Change

17 11 20

COVER LETTER

**TO: Registration Section
Division of Corporations #**

SUBJECT: 9185 Flynn Cir 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:

Jason Dennis
Name of Person
9185 Flynn Cir LLC
Firm/Company
16802 Citrus Ave. Dr.
Address
Delray Beach FL. 33446
City/State and Zip Code
Jason.Dennis5@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 OCT 19 AM 11:12

For further information concerning this matter, please call:

SD at (410) 977 8915
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TO WHOM IT MAY CONCERN:

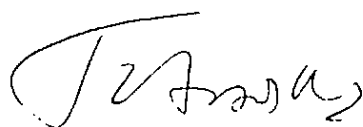
THE DEPT. OF STATE HAS ALREADY
CASHED A PREVIOUS CHECK (FITINGEE 25K)

BUT WAS UNABLE TO AMEND CO. INFO.

THE ATTACHED IS CONNECTED AMMENDMENT FORMS

PLEASE APPLY THIS 25^K CREDIT TO THIS

AMMENDMENT





RECEIVED
OCT 19 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2020

JASON DENNIS
9185 FLYNN CIR LLC
16802 CHARLES RIVER DR
DELRAY BEACH, FL 33446

SUBJECT: 9185 FLYNN CIR LLC
Ref. Number: L19000267944

We have received your document for 9185 FLYNN CIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 020A00015510

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 OCT 19 AM 11:19

9185 Flynn 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 10/25/19 and assigned
Florida document number L19000267944.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SITANA Properties LLC

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:

17874 LORNE AZULC WAY
BOCA RATON FL 33496

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

17874 LORNE AZULC WAY
BOCA RATON FL
33496

(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

_____, 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

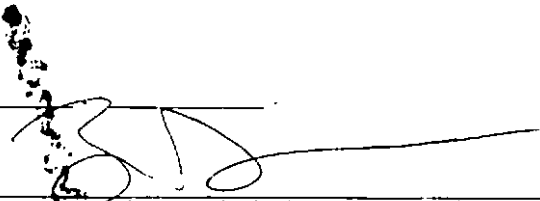
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/11/2020 (optional)
(If 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

Aaron Dennis

Typed or printed name of signee