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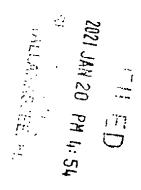
(Re	equestor's Name)	<u>-</u>
(Ād	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JA. 2/22/21

COVER LETTER

Registration Section Division of Corporations

TO:

Sarina & 2	Zachariah LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Allen Seaquist		
		Name of Person	
	Prudent Accountants		
		Firm/Company	
	2909 Bryant Avenue S. Su	ite 100	
		Address	
	Minneapolis, MN 55408		
		City/State and Zip Code	
	allen@prudentaccountants.c		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Allen Scaquist		612 702-4852	
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarina & Zachariah LLC

Florida Limited L	liability Company)	·	
lity Company	were filed on 12/31/2020)	and assigned
·			
ng:			
e limited liab	ility company here:		
	<u></u>		
s "Limited Liabil	ity Company," the designation	on "LLC" or the abbi	reviation "L.L.C."
e:	n/a		<u></u>
			021
			Dr. Ti
	n/a		20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SS:	ח
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istered office : <u>iere</u> :	address on our records	, enter the name	of the new registered
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	Enter Florida stre	et address	
n/a		Florida ^{n/a}	
	City		Zip Code
gistered Agent:	Ĺ		
and complete red agent as	e performance of my di provided for in Chapte	ities, and I am fa er 605, F.S. Or, i	miliar with and f this document is
	ng: e limited liab s "Limited Liabil e: hDDRESS) stered office incre: n/a	stered office address on our records tere: and Enter Florida streen and agree to act in this capacate and complete performance of my distered office address. I hereby congistered office address.	e limited liability company here: s "Limited Liability Company," the designation "LLC" or the abbrace: n/a (DDRESS) n/a n/a stered office address on our records, enter the name here: n/a Enter Florida street address n/a City istered Agent: ngent and agree to act in this capacity. I further agree and complete performance of my duties, and I am for the agent as provided for in Chapter 605, F.S. Or, ignistered office address. I hereby confirm that the limited agent as provided of the red agent and the limited address. I hereby confirm that the limited agent as provided of the red agent and the limited address. I hereby confirm that the limited agent as provided for in Chapter 605, F.S. Or, ignistered office address. I hereby confirm that the limited agent as provided for in Chapter 605, F.S. Or, ignistered office address. I hereby confirm that the limited agent as provided for in Chapter 605, F.S. Or, ignistered office address. I hereby confirm that the limited agent as provided for in Chapter 605, F.S. Or, ignistered office address.

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>	Name	Address	Type of Action
n/a			□Add
			🗆 Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Remove
			□Change
<u></u>			□Add
			Remove
			□Change

etive date, if other than the date of filing: (optional) (iffective date, if stated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (if the date instread in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. Ord 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 filed. Allan Saquist Signature of a member or authorized representative of a member	No changes are necessary	nation, enter change(s) here: (Attach additional sheets, if necessary.) other than the organization name.	
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. ord 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 filed. d January 14 Signature of a member or authorized representative of a member			
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