# L020000 19709

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

# SARAYA HOLDINGS, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danilo Jimenez

305,932-6262

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 &
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□\$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

### SARAYA HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(11)	Torida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 08/05/2002	and assigned
Florida document number L02000019709	· · · · · · · · · · · · · · · · · · ·	<b>2013</b> SE
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	-	TALLAHASSEF. FL
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, ent ce address here:	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	Zip Code
N D I A A ST A STATE OF THE	City	zip Coae

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 608, 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

Lf amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Address <u>Name</u> 16300 N.E. 19TH AVENUE, SUITE A **MGRM GUELMAN, ALEJANDRO** NORTH MIAMI BEACH, FL 33162 2875 NE 191st Street, Suite 801 MGR S & A Company Management, LLC Aventura, FL. 33180 Remove

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Octobe	er 8 <sup>th</sup>
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	Significant of a member of antiportation representative of a member

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