

LO4 0000 04692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

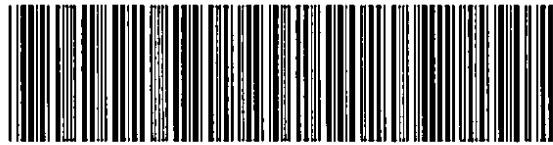
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke with Cynthia Watson  
11/19/17 Keon + Kemo Trust  
isa Member.

Office Use Only



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FALLS CHURCH, VA

O. SIMMONS

JAN 08 2018

618

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SASSE & 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:

RoshanBey Trustee

Name of Person

Keon&KemoPureTrustOrganization

Firm/Company

19046BruceB. DownsBlvd 1073

Address

Tampa,Florida33647

City/State and Zip Code

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

For further information concerning this matter, please call:

Manager: CynthiaWatson *Trustee* at ( 813 ) 330-2077  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SASSE & 1 LLC

SUBJECT: \_\_\_\_\_  
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:

CYNTHIA WATSON, AMGR. TRUSTEE

\_\_\_\_\_  
Name of Person

KEON&KEMO PURE TRUST ORG/SASSE & 1 LLC

\_\_\_\_\_  
Firm/Company

19046 BRUCE B. DOWNS BLVD, STE 1073

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33647

\_\_\_\_\_  
City/State and Zip Code

SASSE1KEON@CJWCCOMMONLAWPURE.ORG

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

For further information concerning this matter, please call:

CYNTHIA WATSON, AMGR. TRUSTEE

at ( 813 ) 330-2077 EXT 901

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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(additional copy is enclosed)

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Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RECEIVED**  
JAN - 5 2018

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SASSE & I LLC

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

Articles of Organization for this Limited Liability Company were filed on APRIL 27, 2005 and assigned

document number L04000004692

amendment is submitted to amend the following:

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

NOT AMENDING NAME

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:**

10946 Bruce B. DOWNS BLVD 1073

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA, FLORIDA, 33647

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

MAILING ADDRESS SAME

**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:

TRACY KHAYENKO, REG AGENT

New Registered Office Address:

10946 BRUCE B. DOWNS BLVD 1073

HOME: 4513 ESTATE Drive Plant City FL  
Enter Florida street address

TAMPA

Florida

33647

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.*

X Tracy Khayenko

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>
MGR	Doreen A Patterson	107 S. Manhatten Ave	<input type="checkbox"/> Add
		Tampa, Florida 33609-3863	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David C. Bolen	107 S Manhatten	<input type="checkbox"/> Add
		Tampa, Florida 33609-3863	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Tracy Khayenko	10946 BRUCE B. DOWNS BLVD	<input checked="" type="checkbox"/> Add
		4513 ESTATE Drive Plant City FL 33561	
		Tampa, Florida 33647,	<input type="checkbox"/> Remove
		Ste 1073	<input type="checkbox"/> Change
<del>Mbr</del> <del>RA</del>	KEON&KEMO TRUST	10946 BRUCE B DOWNS BLVD	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33647	<input type="checkbox"/> Remove
		Ste 1073	<input type="checkbox"/> Change
MGR	Cynthia Watson,Ambr, trust	10946 BRUCE B. DOWNS BLVD	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33647	<input type="checkbox"/> Remove
		Ste 1073	<input type="checkbox"/> Change
MBR	Roshana A. Bey. Mbr	10946 BRUCE B. DOWNS BLVD	<input checked="" type="checkbox"/> Add
		10946 BRUCE B. DOWNS BLVD	<input type="checkbox"/> Remove
		Tampa, Florida 33647 Ste 1073	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

18 JAN - 5 PM 3:20  
RECEIVED


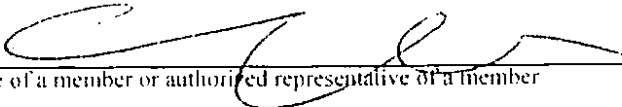
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

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

Dated Oct 22 2017 . 2017

  (Trustee)  
Signature of a member or authorized representative of a member

Cynthia Watson Authorized Member (TRUSTEE)

Typed or printed name of signee