L05000/13959

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SECRETARY OF STATE

J. BRYAN

NOV - 3 2009

EXAMINER

COVER LETTER

Division of Co	orporations			
SUBJECT:	Sarte	& Sarte LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		Oscar Sarte		
		Name of Person		
		Sarte & Sarte LLC		FILED 19 NOV -2 PH 1:1 SECRETARY OF STATE
		Firm/Company		到
		P O Box 1437		ARY I
	Address			
	Safety Harbor, FL 34695-1437			STATI
		City/State and Zip Code		P
osarte@tampabay.rr.com				
	E-mail address: (to be used for future annual report no	tification)	
For further information	concerning this matter, please	call:		
(Oscar Sarte	at (727)	726-0004	
Name of Person		Area Code & Dayti	me 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 enclose	ed) Certified	te of Status &
	LING ADDRESS:	ema e en/colo	RIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sarte & Sarte 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 Liabi Florida document number L0500011395		ember 17, 2005 and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th	ne words "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter 1	Florida street address
<u>-</u>		, 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 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

If 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 = M	Sanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Vanessa Sarte	66 Harbor Oaks Circle Safety Harbor, FL 34695	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, en	ter change(s) here: (Attach additional sheets, if necessar	FILE 09 NOV -2 PH SECRETARY OF
 Dated	October 28	, <u>2009</u>	
•	Signature of	a member or authorized representative of a member	
-		Oscar Sarte Typed or printed name of signee	·

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Filing Fee: \$25.00