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SECRETERY OF STATE

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COVER LETTER

Division of Corpo	prations				
SUBJECT: SAT	HA FE HO	OLDings, LLC nited Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	- Schr	Name of Person FE Heldings, Firm/Company	_	-	
	Janta	Firm/Company	LLC	-	
		BLANCA AVE Address FL 3366 City/State and Zip Code			
		Address			
	TAMPO	7 FL 3360	06	ECR LAI	
		City/State and Zip Code		2016 NOV 23 SECRETARY	
	E-mail address: (to be used for future annual report notif	ication)	TTI_	П
For further information con	cerning this matter, please c	al!:		D U	
Schn T. Name of P	Keiser erson	at (813) 545 - Area Code Daytime	5237 Telephone Number	RIDA	
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)	Certified	te of Status &	
		•			

MAILING ADDRESS:

TO:

Registration Section

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

	HOLDings, LLC
(Name of the Limited Li (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L060011170</u>	ity Company were filed on 11/17/2006 and assigned
This amendment is submitted to amend the followin	ıg:
A. If amending name, enter the new name of the	limited liability company here:
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	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	PO Box 5689 T
(Mailing address MAY BE A POST OFFICE BOX	1 1 1 33675 M
B. If amending the registered agent and/or r	registered office address on our records, enter the name of the nev
registered agent and/or the new registered office	address here:
Name of New Registered Agent:	J.T. Keiser, LLC
New Registered Office Address:	324 BLANCA AVE Enter Florida street address
_	TAMPA Florida 33606 City Zip Code
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>				Type of Action	<u>n</u>
MGRM	The Keiser	Family Living Trust DTD 1/11	6/13	PO	BCX	5689		
				TAMPO	a FL	33619	Remove	
							Change	
MGR	<u> </u>	Keiser, LC	PO	Ber	5	689	D Add	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff ote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.
	November 2h, 2016.
nted .	
nted .	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00