

L07000032120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

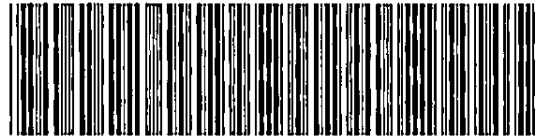
(Business Entity Name)

(Document Number)

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2020 MAY 11 PM 3:19

Amend/Name
chg

MAY 27 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FSJ 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:

FREDERICK S. JOHNSTON, IV

Name of Person

Firm/Company

15017 LAKE MAURINE DR.

Address

ODESSA, FL 33556

City/State and Zip Code

rickjohnston899@yahoo.com

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

For further information concerning this matter, please call:

ELIZABETH P. ALLEN

Name of Person

813 877-9222
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FSJ LLC

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

FILED
2020 MAY 11 PM 3:19
TAMPA

The Articles of Organization for this Limited Liability Company were filed on March 26, 2007 and assigned
Florida document number L07000032120

This amendment is submitted to amend the following:

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

Lake Sassa, LLC

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:

15017 Lake Maurine Dr.

(Principal office address MUST BE A STREET ADDRESS)

Odessa, FL 33556

Enter new mailing address, if applicable:

15017 Lake Maurine Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Odessa, FL 33556

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:

Jonathan S. Gilbert

New Registered Office Address:

3321 Henderson Blvd.

Enter Florida street address

Tampa

Florida

33609

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, 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	JOHNSTON, FREDERICK SJR.	5010 BAYSHORE BLVD., UNIT 8	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENIFER JOHNSTON ELLIOTT	P.O. BOX 320092	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33679	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FREDERICK S. JOHNSTON, IV	15017 LAKE MAURINE DR.	<input checked="" type="checkbox"/> Add
		ODESSA, FL 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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.

If the record 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 record is filed.

Dated May 8, 2020

Seungu Johnston West
Signature of a member of authority

Signature of a member or authorized representative of a member

Jenifer Johnston Elliott

Typed or printed name of signee