

#L07000071039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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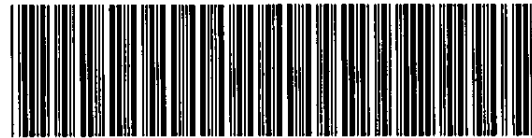
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALLY  
EXAMINER

NOV -7 2014



# STANTON CRONIN

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## LAW GROUP

6944 W. Linebaugh Avenue, Suite 102  
Tampa, Florida 33625  
Telephone: 813-444-0155  
Facsimile: 813-422-7955

Sean P. Cronin  
Tel. 813-444-0156  
[scronin@sclawyergroup.com](mailto:scronin@sclawyergroup.com)

November 4, 2014

**Via United States Mail**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization of Sienna Group, LLC  
Document Number L07000071039

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization of Sienna Group, LLC along with the accompanying fee of \$25.00 for the filing fee. Please return all correspondence concerning this matter to the following:

Sean P. Cronin, Esq.  
Stanton Cronin Law Group, PL  
6944 W. Linebaugh Ave., Suite 102  
Tampa, Florida 33625  
[scronin@sclawyergroup.com](mailto:scronin@sclawyergroup.com)

For further information concerning this matter, please call Sean Cronin at 813-444-0155.

Very truly yours,

Sean P. Cronin

Enclosure

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

**SIENNA GROUP, LLC**

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

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The Articles of Organization for this Limited Liability Company were filed on 07/09/2007 and assigned Florida document number L07000071039.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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 ADDRESS)**

9644 LINEBAUGH AVE.

TAMPA, FLORIDA 33626

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

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

9644 LINEBAUGH AVE.

TAMPA, FLORIDA 33626

**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:**

STANTON CRONIN LAW GROUP, PL

**New Registered Office Address:**

6944 W. LINEBAUGH AVE., SUITE 102

Enter Florida street address

TAMPA

City

Florida 33625

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	DAVID GILDEN	9644 LINEBAUGH AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33626	<input type="checkbox"/> Remove
MGR	JULIO SANCHEZ	9644 LINEBAUGH AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33626	<input type="checkbox"/> Remove
MGR	MARK TUSZYNSKI	9644 LINEBAUGH AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33626	<input type="checkbox"/> Remove
MGR	KATHLEEN ANN FORD	235 TURTLE CREEK CIR	<input type="checkbox"/> Add
		OLDSMAR, FLORIDA 34677	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

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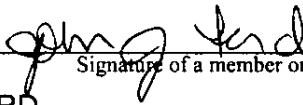
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 17, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JOHN J. FORD  
\_\_\_\_\_  
Typed or printed name of signee

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