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SECRETARY OF STATE
AND ANASSEE FLORID.

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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Sara G	ogetthepape, LLC		
Sebuloti,		ited Liability Company)	
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven J. Cooperman	(Name of Person)	
		(Ivanie of Person)	
	Sara Gogetthepape, LLC		
		(Firm/Company)	
	5009 N. Hiatus Road		
		(Address)	
	Sunrise, FL 33351		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Steven J. Cooperman		at (954) 572-7410	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



O	Gogetthepape.	1 1	\sim
Sara	Isogemenane		

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

(/	A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited L	iability Company v	vere filed on 11/16/2007	and assigned
Florida document number L07000116243			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liabil	ity company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limite	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		e de la constanta	×
Enter new mailing address, if applicable:	en e	Compared to the compared to th	ing and magain to the
(Mailing address MAY BE A POST OFFICE			
			<u></u>
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the name of the nev</u>
Name of New Registered Agent:	Steven J. Cooperman		
New Registered Office Address:	5009 N. Hiatus	Road	
		(Enter Flo	orida street address)
	Sunrise		, Florida <u>33351</u>
		(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
A STANKE STANKE WE ARE			
I hareby accent the annointment as register	ed agent and agre	e to act in this capacity	I further agree to comply with

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)

Page 1 of 2

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 = Managing Member Title Name **Address Type of Action** MGR Scott Schoenlank 5009 N. Hiatus Road ■7 Add Sunrise, FL 33351 Remove ☐ Remove Remove Remove _ Add __ Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) CONTRACTOR. Dated June 25 Signature of a member or authorized representative of a member Steven J. Codperman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00