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(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docur	nent Number)	
Certified Copies	Certificates of	Status
		
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COVER LETTER

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Division of Corporations •
SUBJECT: SAK BIMIMI BAY HOLDINGS 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:
LANE MARK BONWIT
SHE BIMINI BAY HOLDINGS LLC
6131 SW 128 Street
PINECREST FL 33156 City/State and Zip Code_
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lane Mark Ronwit at 305 298-9693 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

TO:

Registration Section

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

SHE BIMIMI BAY HOLDINGS LLC

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

(A Florida Limited Liability Company)

(**************************************	amoney company,
The Articles of Organization for this Limited Liability Company Florida document number <u>L080003499.3</u>	were filed on $04 - 07 - 2008$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile SAR BIMINE BAY H. The new name must be distinguishable and contain the words "Limited Liabile and contain the words".	OLDINGS LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N A 150
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M A (2)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the <u>new registered office address here</u>:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Zip Code

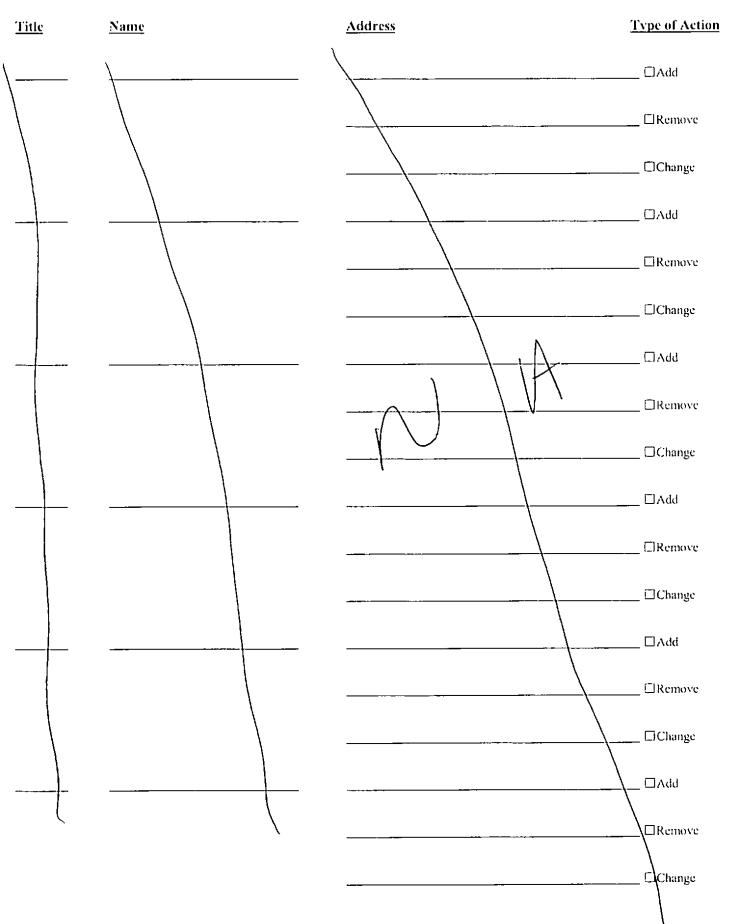
New Registered Agent's Signature, if changing Registered Agent:

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_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member



. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u></u>	
Effective	e date, if other than the date of filing:(optional) ive 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
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
he record s ord is filed	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
Dated	9/22 33
	Signature of a member or authorized representative of a member
	Lone Mork RONWITT

Filing Fee: \$25.00