## L090000047983

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SECRETARY OF STATE
FALL AHASSEE, FLORID

J. BRYAN

JUL -7 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sect Division of Corpo		1			
SUBJECT: ĐẠRẠSON	O ENTERPRISE ( Name of Lin	CONTENT MAMT & DESIGNATED LIABILITY COMPANY	IN, LLC.		
The enclosed Articles of A	mendment and fee(s) are su	abmitted for filing.			
Please return all correspond	lence concerning this matte	er to the following:			
	(M.50	Name of Person			
		Firm/Company		TALE SE	
	19207	Sus Mist Los Address		JUL-6	ED ED
	hutz	FL 3355 City/State and Zip Code	8	ARY OF STATE	O
	E-mail address:	to be used for future annual report notifica	tion)		
For further information con	cerning this matter, please	call:			
Mison Hall Name of P	erson	at (127 ) 4 23 -49 Area Code & Daytime T	72 Telephone Number	·	
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 (	of Status &	

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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**

SARASOHO ENTERPRISE CONTENT MGMT & DISIGN, LLC.

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

(A Florida L	limited Liability Comp	any)		
The Articles of Organization for this Limited Liability Co. Florida document numberL09000047983	ompany were filed or	Mey	18, 2009 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability compan	<u>y here</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability C	'ompany," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			ಕ್ಯ ೦	
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address	on our rec	Cords, enter the name of the new	
Name of New Registered Agent:	ess nere:			
New Registered Office Address:				
		Enter Florida street address		
		, Florida		
	City		Florida	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a	nd agree to act in th	nis 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

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** <u>Name</u> Address Type of Action Remove ☐ Add Remove \_ Add ☐ Remove ∐Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00