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(((H16000176053 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.

Account Number : 076150002103 : {305}444-0101 Phone

Fax Number : (305)444-0174

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SG SARASOTA, LLC

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7/21/2016

Help

From

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Fax Audit No: H160001760533

SG SARASOTA, LLC (Name of the Limited Liability Common (A Florida Limited Limited Limited Limited Section 1)	any as it now appears o	n our records.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L09000063250	were filed on 01/07	2005 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	llity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enterway relling address if applicables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		_	
	Enter Florida street address		
•		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my di ovided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

From:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each for shedib elaptation of removed from our records:

MGR ≈ Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR/PR	SALVADOR LECCESE	650 S. NORTHLAKE BLVD	
		SUITE 450	Remove
		ALTAMONTE SPRINGS, FL 3271 32701	Change
MGR/VP	JACQUELINE LECCESE	650 S NORTHLAKE BLVD	D Add
		SUITE 450	□ Remove
		ALTAMONTE SPRINGS, FL 3271 32701	- Change
MGR/VP	JOHN FLYNN	650 S. NORTHLAKE BLVD	D Add
		SUITE 450	Remove
		ALTAMONTE SPRINGS, FL 3270	W Change
			□ Add
			□ Remove
			Change
			Add
		<u> </u>	C Remove
			_D Change
	Methods in a second sec		Add
			_□ Remove
			_ Change

Page 2 of 3

16 III 21 AHIO: 50

TALLAHASSEE, FLORIDA

Page 3 of 3 Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

2016

Salvador Leccase