L0900063356

(Requestor's Name)	
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)	
(Documen	t Number)
(Documen	t Number;
Certified Copies	Certificates of Status
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B. KOHR

DEC -4 2012

EXAMINER



400242080234

11/28/12--01003--014 **60.00



COVER LETTER

	COVERLETTER	
TO: Registration Section Division of Corpo		
SUBJECT: Sásta	Saol LLC	
	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	72 12 15
	Kyle VanHise	
	Name of Person	SECTION
	Firm/Company	FLORIE
	2226 nova village drive	
	Address	
	Davie, Fl.33317	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	City/State and Zip Code	
	kyle@sli-bos.com E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	

Kyle VanHise

_{at}, 954, **696-776**9

Name of Person

Area Code & Daytime 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)

■\$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

Sásta Saol LLC

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

The Articles of Organization for this Limited L	iability Company	were filed on June 30,20	09 and assigned
Florida document number L0900063356	•		,
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
NA			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STREET ADDRESS)		NA	
		NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
		NA	
		NA	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			s, enter the name of the new
New Registered Office Address:	NA		
-		Enter Florida street address	
	NA	, F	lorida NA
		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 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

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<u>Title</u>	<u>Name</u>	Address	ype of Action
MGRM	Kyle VanHise	2226 nova village drive	Add
		davie, fl 33317	Remove
MGR	Kyle VanHise	2226 nova village drive	Add
		davie,fl 33317	Remove
MGRM	Caroline Coyle	2226 nova village drive	Add
		davie,fl 33317	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
		<u></u>	

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated Nov	rember 26 2012
	[DV-11-
=	Signature of a member or authorized representative of a member
	Kyle VanHise
-	Typed or printed name of signee

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Filing Fee: \$25.00