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SECRETARY OF STATE
DIVISION OF CORPURATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Saturn 5 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:
John Russo Name of Person
Saturn 5 LLC. Firm/Company
303 301 BIVD W. Ste 613
Bradenton FL 34205  City/State and Zip Code  Jerusso @ mindspring. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Russo at (941) 650-4135  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$}\$\$ \$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**



					- 701117 <b>5</b> 4
Saturn 5	5 LLC-				• •
(Name of the Limited I	iability Company	y as it now	appears on	our records.)	
(A I	Horida Limited Lia	ability Con	ipany)	$\mathcal{A}_{-}$	
The Articles of Organization for this Limited Lia Florida document number	bility Company v 6455 <sub>6</sub>	vere filed	on LQ	17/2010	and assigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity compa	ny here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability	Company," t	he designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	^ADDRESS)				
				•	
Enter new mailing address, if applicable:			3 301	Blud W	1. Ste 617
(Mailing address MAY BE A POST OFFICE BOX)			adent	on FL	34205
B. If amending the registered agent and/or	r registered offi	ce addres	s on our r	ecords, <u>enter t</u>	he name of the new
registered agent and/or the new registered offi	ce address here:				
	( <del></del>		0		
Name of New Registered Agent:	<u></u>	<u>ohn</u>	Russi	<u> </u>	
New Registered Office Address:	303	301	BIVD	W. Ste	617
New Neglisland Giftee Hadiess.				orida street addi	
	Brade	ento	$\cap$	, Florida	34205
		City		, FIOTIGA	Zip Code
Now Pogistored Agent's Signature if changing De	raistored 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

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Annetta Bargar MGRM 110378 Box ☐ Add Remove MGRM John Russo 303 301 Blud Ste 617 Bradenton FL ☐ Add Remove Add Add Remove ∏Add \_\_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Typed or printed name of signee

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Filing Fee: \$25.00