## LII 0000 50583

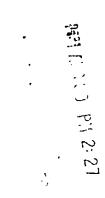
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## **COVER LETTER**

TO: Registration Division of C	Section orporations
SAKS 19 SUBJECT:	LLC
	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	RUBEN LISMAN
	Name of Person
	SAKS 19, LĻC
	Firm/Company
	2950 GLADES CIRCLE UNIT 8
	Address
	WESTON FL 33327
	City/State and Zip Code
	ruben.lisman@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
RUBEN LISMAN	954 554-0431
Name	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

Street Address:
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

SAKS 19, LLC

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Companies Florida document number L11000050583	y were filed on 04/28/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- <del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter t	
· · · · · · · · · · · · · · · · · · ·	————————, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605. F	l I am familiar with and S. Or-if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KATHERINE LISMAN MELAND	2270 QUAIL ROOST DRIVE	<b>=</b> Add
		WESTON FL 33327	
			[]Change
AMBR	SOFIA LISMAN IRREVOCABLE	2270 QUAIL ROOST DRIVE	<b>≘</b> Add
		WESTON F1, 33327	□Remove
			□Change
AMBR	ASHLEY LISMAN IRREVOCABI	2270 QUAIL ROOST DRIVE	Add
		WESTON FL 33327	☐Remove
			Change
AMBR STEVE	STEVEN ROBERT LISMAN IRRI	2270 QUAIL ROOST DRIVE	 2: 2:
		WESTON FL 33327	□Remove
			□Change
<del></del>			□Add
			□Remove
<del></del>			☐Change
			□Add
			□Remove
			□Channe

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	<u> </u>
	# 2
	27
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.020
ument's effective date on the Department of State's records.	ic statutory filing requirements, this date will not be fisted a
cord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ad AUGUST 24TH 2021	
1 divini	
Signature of a member or authorize	and concernation of a monthly
- 31granute of a member of authorize	sea representative of a member