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(Address)	
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2015 OCT 16 PM 3: 30

K.SALY EXAMINER OCT 19 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Saddle Up 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:
Jaha Dabsan Name of Person
T can Managone - Group Firm/Company
25 E central Blud Address
Orlando Fl 3280 City/State and Zip Code
John & teanmarket group, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 496 - 7234 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

FILED—
2015 OCT 16 PM 3: 30

TALLAHASSEE, FLORIOA

Zip Code

Saddle U	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $4/6/2012$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilitic Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."
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:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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 605. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	Angel cortes	4700 16 Mcleod #4	☐ Add
	V	Orlando, £ (328)	X Remove
			□ Change
MGRM	Travis Barr	55 wast church	□ Add
		Orlando, F1 32801	Remove
			Change
MGR	Sherman OaksLLC	600 LateHarborCr	, 🙇 Add
		Orlando, F132809	<u> </u>
			Change
MGR	Premier BradsMirte	tigue	_Add
		4150 Eastgate Drive	<u> </u>
		4150 Eastgate Drive	Change
			🗅 Add
			Remove
			SOC CHARRY DIAGREE AND
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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

									
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	l specifies a delay th day after the r			but not	an effecti	ve time, a	t 12:01 a.	m. on the	earlier of:
ated	10/5		<u>Z</u>	015	. ·				
		_					-		
-		Signature	of a member	er or authori	zed represent	ative of a men	ıber	-	

Page 3 of 3

Filing Fee: \$25.00