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OF STATE O

J. BRYAN

JUN - € 2012

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC	· ~ T•	Sapp Ente	erprises One, LLC	,	
OC BOLL	J.,	 / / 	ited Liability Company		-
				,	
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	r to the following:		
* •					
		·	Frank P. Saier, Esq.		•
			Name of Person		_
		Scr	ruggs & Carmichael, PA		3
			Firm/Company	•	PER T
		4	041-B NW 37th Place		TELLEL STATES
		·	Address		
		•			
	•		Gainesville, FL 32606		_ 55 5
		•	City/State and Zip Code		
•		F-mail address: (to be used for future annual report	notification)	- -
For furth	er information co	oncerning this matter, please	·	nonneuron,	
r or runn	ioi information o	oneoning and matter, prease t			
		P. Saier, Esq.	at (_352)	416-3499	
•	Name of	Person	Area Code & Da	ytime Telephone Numl	oer .
		•			
Enclosed	is a check for th	e following amount:			
\$25.6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc)	Certifi osed) Certifi	Filing Fee, cate of Status & ed Copy onal 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

Sapp Enterprise	s One, LL0		
(Name of the Limited Liability Company (A Florida Limited Liab	<mark>as it now appe</mark> a pility Company)	rs on our records.)	
		May 4, 0010	
The Articles of Organization for this Limited Liability Company we	ere filed on	May 4, 2012	and assigned
Florida document numberL12000060617			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Comp	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			201
		· · · FS	E = =
		===	7 -
Enter new mailing address, if applicable:	•	555	5 m
(Mailing address MAY BE A POST OFFICE BOX)		(ric	
		5	S U
-			2rg 25
B. If amending the registered agent and/or registered office	e address on	our records, enter th	r ie name of the ne
registered agent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·	•
		·	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Ei	nter Florida street addr	ess
	<u> </u>	, Florida	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gayla R. Sapp	16324 SW 42nd Avenue Archer, FL 32618	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			SE FAdd Remove
D. If amen 	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessa	ED ED
Dated	May 31	2012	
	Signature of a me	mber or authorized representative of a member	
		Ruben L. Sapp	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00