

**L130000 52291**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

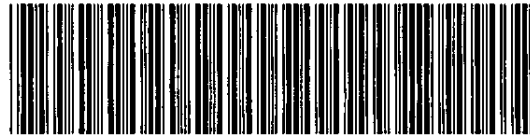
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**2013 AUG 28 PM 3:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**N. Gulligan AUG 29 2013**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sabal Management, 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:

Kyle A. Krutsinger

Name of Person

Sabal Management, LLC

Firm/Company

PO Box 340495

Address

Tampa, FL 33694

City/State and Zip Code

sabalmanagement1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Romera

Name of Person

at ( ) 813 428-1160

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**

FILED  
2013 AUG 28 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sabal Management, 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 Liability Company were filed on April 9, 2013 and assigned  
Florida document number L130000052291.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

PO Box 340495

**(Mailing address MAY BE A POST OFFICE BOX)**

Tampa, FL 33694

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

  
Enter Florida street address

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kyle A. Krutsinger	PO Box 340495	<input checked="" type="checkbox"/> Add
		Tampa, FL 33694	<input type="checkbox"/> Remove
MGRM	Robert Escobar	PO Box 340495	<input checked="" type="checkbox"/> Add
		Tampa, FL 33694	<input type="checkbox"/> Remove
MGRM	Lyla Varela	12603 Foxterrier Ct	<input checked="" type="checkbox"/> Add
		Apt 201	<input type="checkbox"/> Remove
		Tampa, FL 33625	
MGRM	Angela Romera	PO Box 73	<input checked="" type="checkbox"/> Add
		Lutz, FL 33548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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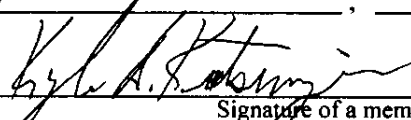
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Dated August 21, 2013.



Signature of a member or authorized representative of a member

Kyle A. Krutsinger

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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