# L13000058623

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C. LEWIS

MAY 3 0 2013

EXAMINER

#### **COVER LETTER**

TO: Registration Section.

## SUBJECT: Sabalco 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:

### Sergio A. Balsinde

Name of Person

Firm/Company

13145 Old Cutler Road

Address

Pinecrest, FL 33156

City/State and Zip Code

Sergio@wensouth.com

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

For further information concerning this matter, please call:

#### Sergio A. Balsinde

,,786<u>,</u>258-1625

Name of Person

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

13 MAY 29 PM 1: 10

Sabalco Management, LLC		CASE TARY OF STATE. TABLAHASSEE, FLORIDA
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our reability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L13000058623	were filed on April 22, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here	ce address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street add		street address
		lorida
New Parists Adv. At Gt.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pu- being filed to merely reflect a change in the registered office of	ete performance of my dution rovided for in Chapter 608,	es, and I am familiar with and F.S. Or, if this document is

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: FILED MGR = Manager MGRM = Managing Member 13 MAY 29 PM 1: 10 Title ' Name **Address Type of Action** SAME HAY OF CIME 13145 Old Cutter Road Sergio A. Balsinde, III MGRM/VP Pinecrest, FL 33156 Remove

Remove

D. If amending any other information	, enter change(s) here: (Attach ad	dditional sheets, if necessary.) FILED
		13 MAY 29 PM 1: 10
		TABLASS SOZE, FLORIDA
Dated May 28	2013	
Signati	Maffielde are of a member or authorized represen	ntative of a member
Sergio A. Balsind		
	Typed or printed name of sig	nee

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Filing Fee: \$25.00