# L13000075385

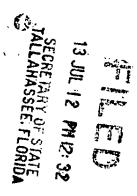
(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800249473038

07/12/13--01032--013 \*\*25.00



### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Sorogau Sarasota, 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:

# Troy H. Myers, Jr., Esquire

Name of Persor

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

2033 Main St., Ste 600

Address

Sarasota, FL 34237

City/State and Zip Code

tmyers@icardmerrill.com

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

For further information concerning this matter, please call:

Troy H. Myers, Jr., Esquire

,,941,953-8110

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

Sorogau Sarasota, LLC			
( <u>Name of the Limited</u> (A	<b>Liability Compa</b> Florida Limited I	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on 05/23/20	and assigned
Florida document number L13000075385	,·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and end win	h the words "Limi	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	16 S. Orange Aver	nue
(Principal office address MUST BE A STREE	T ADDRESS)	Sarasota, FL 34230	
Enton now mailing address if anylischler		16 S. Orange Aver	13 JUL I SECRETA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Sarasota, FL 3423	
B. If amending the registered agent and/or the new registered of	or registered of <u>Tice address her</u>	fice address on our rece e:	ords, entershe name of the new
Name of New Registered Agent:	Steve Pileg	ggi	
New Registered Office Address:	16 S Orang	<u> </u>	
		Enter Flor	ida street address
	Sarasota	City	, Florida 34236 Zip Code
Now Degistered Agent's Signature if changing I	lamiatamad	•	ыр Соце

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 Resistered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steve Pileggi	16 S Orange Avenue, Sarasota, FL 3423	Add
			Remove
MGR	Troy H. Myers, Jr.	2033 Main St. Ste 600, Sarasota, FL 3423	7 Add
			Remove
			Add
			Kemo <u>ve</u>
<del></del>		- FIGOR	S Add
			Remove
			Add
			Remove
			. Add
			Remove

). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<sub>oated</sub> July	9th 201/3
valeu	Il Revert
_	Signature of a member or authorized representative of a member
-	Гroy H. Myers, Jr., Esquire
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JUL 12 M Z 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA