## L13000172848

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OCT 27 2017

## **COVER LETTER**

SUBJECT:	Sarasota Ho	omes International, LLC	
SUBJEC.1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristin K Triolo		
		Name of Person	·
	Kristin K Triolo, LLC		
		Firm/Company	<del></del>
	3214 79th Ave E		
		Address	
	Sarasota, FL 34243		
		City/State and Zip Code	····
	Kristin.triolo@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information o	concerning this matter, please c	all:	
Kristin K Triolo		941 at ()	725-2486
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
ū	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

Sa	arasota Homes	International, LLC		
(Name of the Limited I (A	Liability Comps Florida Limited	iny as it now appears of Liability Company)	1 our records.)	
The Articles of Organization for this Limited Liabi Florida document number L13000172848  This amendment is submitted to amend the following	,	were filed on12/	16/2013	and assigned
A. If amending name, enter the new name of th	e limited liab	oility company here	:	<u>_</u>
Kristin K Triolo, LLC	<del>-</del>			1 80 L
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the desig	mation "LLC" or the a	bbreviation "L.I.40"
Enter new principal offices address, if applicabl	e:	3214 79th Ave E		i d
(Principal office address MUST BE A STREET A		Sarasota, FL 34243		
				125
Enter new mailing address, if applicable:		3214 79th Ave E		·
(Mailing address MAY BE A POST OFFICE BO	v)	Sarasota, FL 34243		
induing agaress may be a roof of rice bo	<u> </u>		<del></del>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	e address her	<u>e</u> :	ır records, <u>enter</u>	the name of the new
New Registered Office Address:	3214 79th Ave		street address	
	S	Litter 7 107 ital	24242	
<u>-</u>	Sarasota	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	-		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this change in the register and the second and the second area.	gent and agr and complete red agent as istered office ange.	ee to act in this cap performance of my provided for in Cha address, I hereby o	duties, and I am peter 605, F.S. Or confirm that the li	familiar with and r, if this document is imited liability
	If Cha	nging Registered Agent	. Signature of New P	egistered Agent

MGR = · Manager AMBR = Authorized Member		
<u> Title</u> <u>Name</u>	Address	Type of Action
		☐ Add
	<del> </del>	□ Remove
<del></del>		Add
		□ Remove
	<del></del>	17 Orghange
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	·	□ Remove
		□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

*****	. هـــ لـــ ا
	<u> </u>
	10CT 26
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	- P
	7
	10/19/2017
E <b>ffective</b> ( If an effectiv	date, if other than the date of filing:
Note: If the	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
	·
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ine 90	th day after the record is filed.
Dated	October 22 2017
	Signature of a member or authorized representative of a member
	Nightipp of a member or sutherized representative of a member

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Filing Fee: \$25.00