

L14 0000 90558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

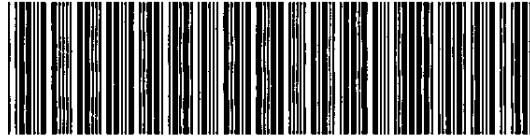
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2016 AUG -1 AM 8:37

AUG 02 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE NAME OF : SAUCINI 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:

TATIANA LANNELONGUE
Name of Person

SAUCINI LLC
Firm/Company

455 COVE TOWER DRIVE #1602
Address

NAPLES FLORIDA 34110
City/State and Zip Code

T LANNELONGUE @ OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TATIANA LANNELONGUE at (317) 985-2930
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

TO
ARTICLES OF ORGANIZATION
OF

SAUCINI 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 6/5/2014 and assigned Florida document number 214000090558

This amendment is submitted to amend the following:

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

IRRELEPHANT LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(has NOT changed)

455 COVE TOWER DRIVE
#1602
NAPLES, FLORIDA 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(has NOT changed)

455 COVE TOWER DRIVE #1602
NAPLES, FLOR. 34110

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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

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 605, 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

~~NO CHANGE TO
LIST OF MANAGER~~

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Remove
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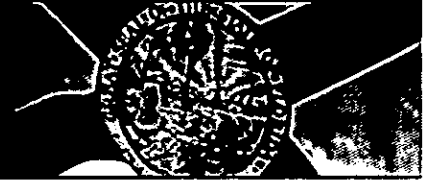
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E. Effective date, if other than the date of filing: 1 August 2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 18 July 2016,
Tatiana Laniye Longue
Signature of a member or authorized representative of a member
TATIANA LANIYE LONGUE
Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

SAUCINI LLC

Filing Information

Document Number	L14000090558
FEI/EIN Number	01-0638095
Date Filed	06/05/2014
Effective Date	06/01/2014
State	FL
Status	ACTIVE

Principal Address

455 COVE TOWER DRIVE
#1602
NAPLES, FL 34110

Mailing Address

455 COVE TOWER DRIVE
#1602
NAPLES, FL 34110

Registered Agent Name & Address

LANNELONGUE, TATIANA
455 COVE TOWER DRIVE
#1602
NAPLES, FL 34110

Authorized Person(s) Detail

Name & Address

Title MGR

LANNELONGUE, TATIANA
455 COVE TOWER DRIVE #1602
NAPLES, FL 34110

Title MGR

LANNELONGUE, TATIANA

NAPLES, FL 34110

Title MGR

LANNELONGUE, ARIANE
455 COVE TOWER DRIVE #1602
NAPLES, FL 34110

Title MGR

LANNELONGUE, JEAN-REMY
455 COVE TOWER DRIVE #1602
NAPLES, FL 34110

Annual Reports

Report Year	Filed Date
2015	01/08/2015
2016	03/09/2016

Document Images

<u>03/09/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/08/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/05/2014 -- Florida Limited Liability</u>	View image in PDF format