# L14000097108

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### **COVER LETTER**

Divis	ion of Corp	orations						
SUBJECT:	Sar Penn 6, I	LLC						
Name of Limited Liability Company								
The enclosed	Articles of A	amendment and fee(s) are subr	nitted for filing.					
Please return a	ıll correspor	dence concerning this matter t	to the following:	•				
		Lındsay Miller						
	Name of Person							
		Linder Law Group						
	Firm/Company							
	1111 Brickell Ave Suite 2200							
Address								
		Miami, FL 33131						
City/State and Zip Code								
		Limitedagentsrvcs@aol.com		e				
			o be used for future annual report noti	ication)				
For further inf	ormation co	ncerning this matter, please ca	ll:					
Lindsay Mille	r		305 717-7100 at ()					
Name of Person			Area Code Daytim	e Telephone Number				
Enclosed is a	check for the	e following amount:						
■ \$25,00 Fil	ing 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:

TO:

Registration Section

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

2015 JUL 31 PM 1: 33

Sar Penn 6, 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 Liabilit	ty Company were filed on $\frac{06/16/2}{1}$	014 effective 06/08/201 and assigned	
Florida document number L14000097108	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words "	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office a		r records, <u>enter the name of the new</u>	
New Designation of Control of Control			
New Registered Office Address:  Enter Florida street address			
	, Florida		
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	nd complete performance of my d agent as provided for in Chap tered office address, I hereby co	duties, and I am familiar with and ter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Guy Sahar	4010 N. Meridian Ave Apt. 6	
٠		Miami Beach, FL 33140	■ Remove
•			□ Change
MGR	Smadar Sar	4010 N Meridian Ave Apt. 6	Add
		Miami Beach, FL 33140	□ Remove
			□ Change
		<del></del>	
			☐ Remove
			□ Add
			Remove
			□ Change
		• • •	
			□ Remove
			Change
			□ Add
			Remove
			Change

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Filing Fee: \$25.00