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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certifica | ates of Status |
| Special Instructions to | Filing Officer: | 4125 |
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COVER LETTER

| то: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--|---|--|
| CHDIE | Sabrina Pie | | | |
| SUBJEC | T: | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Sabrina Ackerman | | |
| | | , | Name of Person | |
| | | Sabrina Ackerman LLC | | |
| | | , | Firm/Company | |
| | | 11069 Sca Tropic Lane | | |
| | | | Address | |
| | | Fort Myers, FL 33908 | | |
| | | | City/State and Zip Code | |
| | | bonnielass63@gmail.com | | |
| | | • | to be used for future annual report notifi | cation) |
| For furth | er information c | oncerning this matter, please ca | all: | |
| Sabrina | Ackerman | | 239 247 1937 | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed | l is a check for th | he following amount: | | |
| \$25.0 | 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) |
| | MAIL | ing address: | STREET/COURIE | ER ADDRESS: |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Sabrina Pierson LLC | | | | • • |
|--|---|---|---|--|
| (Name of the Limit | ted Liability Compa (A Florida Limited | any as it now appears o Liability Company) | on our records.) | |
| The Articles of Organization for this Limited L Florida document number | iability Company _14000107 | were filed on $\frac{Marc}{O(8)}$ | h 23.2017 | and assigned |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liab | oility company here | ; | |
| Sabrina Ackerman LLC | | | | |
| The new name must be distinguishable and contain the w | vords "Limited Liabi | ility Company," the desi | gnation "LLC" or the u | bbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 11069 Sea Tropic | Lane | |
| (Principal office address MUST BE A STREE | r new principal offices address, if applicable: Control of the | | | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | <u>e</u> : | ur records, <u>enter</u> | the name of the nev |
| Name of New Registered Agent: | Saurina Ackern | | | |
| New Registered Office Address: | 11069 Sea Troi | | ···· | |
| | | Enter Florida | i street address | |
| | Fort Myers | | , Florida ³³ | 908 |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing I I hereby accept the appointment as registere provisions of all statutes relative to the propa accept the obligations of my position as regi- being filed to merely reflect a change in the i | d agent and agr er and complete stered agent as p | ee to act in this cap performance of my provided for in Cha | y duties, and I am apter 605, F.S. Or, | familiar with and , 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> | Name | Address | Type of Action |
| | | | Add |
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| ctive date, if other than the date flective date is listed, the date must b | ate of filing: e specific and cannot be prior to date of filing | or more than 90 days after filing.) P | ursuant to 605.02 |
| e: If the date inserted in this block ument's effective date on the Department | k does not meet the applicable statutory | filing requirements, this date wi | Il not be listed |
| | man of print of the order. | | |
| ecord specifies a delayed e | effective date, but not an effecti | ve time, at 12:01 a.m. or | the earlier |
| ne 90th day after the recor | d is filed. | | |
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| Si | gnature of a member or authorized represent | ^ | NS: |
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Filing Fee: \$25.00