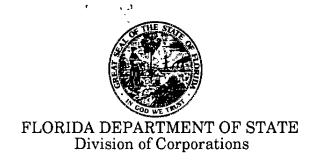
## L14000155464

(Requestor's Name)  (Address)	600284074056
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/04/1601016001 **35.00
(Document Number)	
Certified Copies Certificates of Status	~~··
Special Instructions to Filing Officer:	16 JUL 27 AH 7: 41 SECRETARY OF STATE ALLAHASSEE FLORIDA

Office Use Only



April 6, 2016

MYRLAND SANON 150 NW 106 ST MIAMI SHORES, FL 33150

SUBJECT: 1260 NW 124 STREET LLC

Ref. Number: L14000155464

We have received your document for 1260 NW 124 STREET LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00007011

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

	Registration Se Division of Cor				
erib ibe		24 STREET LLC			
SUBJECT: Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please rett	um all correspo	ndence concerning this matter	to the following:		
		MYRLAND M. SANON			
			Name of Person		
			Firm/Company		
		150 NW 106 STREET			
	•		Address		
		MIAMI SHORES/FLORII	DA 33150		
		MAGGIE_SANON@YAH	City/State and Zip Code OO.COM		
		<del>-</del>	to be used for future annual report n	otification)	
For furthe	r information c	oncerning this matter, please co	all:		
MYRLAI	ND M. SANON		786 541-6998		
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed i	is a check for th	ne following amount:			
□ \$25.0·	0 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 Tallahassec, 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

1260 NW 124 STREET LLC			
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records mited Liability Company)	<u></u>	
The Articles of Organization for this Limited Liability Com Florida document number L14000155464	npany were filed on 7/27/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
SADYSHAW, LLC.			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"		
Enter new principal offices address, if applicable:		[] 6 [] 6	
(Principal office address MUST BE A STREET ADDRES	CC)		
Timespa office wantess in QDT Da /I DTREET (IDDICE)	<u></u>	S. 2	
		TO B IT	
Enter and a discount of the second	•		
Enter new mailing address, if applicable:		25. <del>F</del>	
(Mailing address MAY BE A POST OFFICE BOX)		- T	
		jer-	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres  Name of New Registered Agent:  New Registered Office Address:			
	, Florida		
	City	Хір Code	
New Registered Agent's Signature, if changing Registered A	<u>xgent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my duties, an nt as provided for in Chapter 605, l	d I am familiar with and 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	
			Add	
			□ Remove	
			Change	
			🗀 Remove	
			Change	
			Remove	
			Change	
1			□ Add	
			☐ Remove	
			Change	
			DAdd	
			□ Remove	
			Change	
			□ ∧dd	
			🖸 Remove	
			☐ Change	

E. Effective date, if other than the date of filing:  (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:  Dated  Dated  Dated  Dated  Date Advanced  Date Date Date Date Date Date Date Date				<del></del>
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Dated Darrhu kun			e time, at 12:01 a.m. on the ear	ller of:
	Dated JULY 27	Darlu La	live of a member	
MYRLAND M. SANON	4	Typed or printed name of signee	:	

Page 3 of 3

Filing Fee: \$25.00