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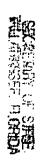


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1726 Sarazan Placa 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:
Carmina Biallo, Jr.
1726 Sarazan Placa UC
15725 Collier Blvd. 201381
Naplas, Fl. 34119 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carmina Biallo, Jr. at (786) 985.0696 Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1726 Dargza	n Hace LL		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/400/602.47</u>	were filed on . 10-14-20 /	4 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the a	abbreviation "L.L.C."	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1726 Sarazan 15725 Colliar C Naplas, Fl-3	Placa, LLI 31 Val 201-3 4119	<u>C</u> 181
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-same		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter	r the name of the n	1 <u>ew</u>
Name of New Registered Agent:	lA	55 E	,
New Registered Office Address:	Enter Florida street address	χ <u>ε</u> ω τη	
	nner rioriaa street aagress Florida	# B	
New Registered Agent's Signature, if changing Registered Agent:	City	To Code	. [

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

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 = Mar AMBR = Aut	nager horized Member			
<u>Title</u>	<u>Name</u>	,	Address	Type of Action
MGR	Tracy	Schank	5725 Colliar Blvd Sta. 201-318	🗆 Add
	<i>J</i>		Sta. 201-318	□ Remove
			Naplas, A. 34119	} □ Change
				🗆 Add
				Remove
				Change
				☐ Remove
				Change
				Add
				☐ Remove
			**************************************	Change
<u></u>				MippAdd 55
				Remove
				Sin Add S
				_□ Remove
				_ Change

. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Do	t be specific and cannot be prior to date of filing or more than 90 days ock does not meet the applicable statutory filing requirements	(optional) s after filing.) Pursuant to 605.0207 (3)(b) s, this date will not be listed as the
	l effective date, but not an effective time, at 12:	:01 a.m. on the earlier of:
the record specifies a delayed The 90th day after the reco	ord is filed.	

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Filing Fee: \$25.00

