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S. YOUNG

COVER LETTER

	gistration Sec vision of Corp				
eun irot.	Statia TR	S LLC			
SUBJECT:		Name of Lin	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Dion Sadasey			
			Name of Person		
			Firm/Company		
• .		5150 NW 73rd Way	•		
• •			Address		
		Lauderhill Florida 33	3319	cation)	1
			City/State and Zip Code		77
		dion.sadasey@yaho			ر
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	ncerning this matter, please c	all:	研8	
Dion Sad	asey	·	954 609-2518		
	Name of	Person		Telephone Number	
Enclosed is a	check for the	e following amount:			
\$25.00 F	Tiling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 03/04/2015 and assigned Florida document number <u>L15000039522</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = N	Member being added or removed from Ianager Authorized Member		
<u> Title</u>	Name	Address	Type of Action
MGR	Dion Sadasey	5150 NW 73rd Way	■ Add
		Lauderhill, Florida 33319	☐ Remove
			□ Add
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ffective date, if other th	an the date of filing:	(optional)
he effective date must be speci	ific, cannot be prior to date of receipt or filed date and cannot be more than 90	(optional)) days after
he effective date must be speci he date this document is filed by March 10	ific, cannot be prior to date of receipt or filed date and cannot be more than 9 by the Florida Department of State)	(optional)) days after
he effective date must be speci he date this document is filed by March 10	ific, cannot be prior to date of receipt or filed date and cannot be more than 90	(optional) days after
ne effective date must be speci the date this document is filed by March 10	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 by the Florida Department of State) 2015	(optional)) days after
The effective date must be speci the date this document is filed b	ific, cannot be prior to date of receipt or filed date and cannot be more than 9 by the Florida Department of State) , 2015 Signature of a member or authorized representative of a member	(optional)) days after

Page 3 of 3

Filing Fee: \$25.00