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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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JAN 23 2017 S. YOUNG TALLAHASSEE FLORIDA

COVER LETTER

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TO: Registration Sec Division of Corp				
SUBJECT:	Saraso- Name of Limi	ta Leisurely ted Liability Company	LLC,	
The enclosed Articles of A	Amendment and fec(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
		Patrick Brogl		
	Sa	Firm/Company	ely LLC.	
	2992 Do	ngola St. Address		SEC
	No	City/State and Zip Code Cog 661 e g nai o be used for future annual report noti	34291	JAN 20
	E-mail address: (1	o be used for future annual report noti	fication)	五 四 四 四 四 四 四 四 四 四 四 四 四 四 四 四 四 四 四 四
For further information co	oncerning this matter, please ca			of state.
Patric Name of	K Brogley Person	at (941) 387 Area Code Daytime	7.6383 e Telephone Number	a Fi.,
Enclosed is a check for the	e following amount:			
□ \$25.00 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 Sta Certified Copy (additional copy is of	atus &

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

Sacaso	ta Leisurely	LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on ou Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>LISØダダタ9872</u>	ompany were filed on	18/15	and assigne	;d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit Patrick Bro	palev LLC	on "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:			·-··	
Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable:			17 JA	SECRE!
Mailing address MAY BE A POST OFFICE BOX)			22	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, enter the	mame of t	HE OF THE DE
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida stre	et address		
		, Florida	 	
	City	Z	ip Code	

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.

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

Title	Name	Addwara	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Filing Fee: \$25.00