L15000 104361

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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K.SALY Examiner AUG 20



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

SAS PROMOTION GROUP, LLC ANDREW RUDNICK 1825 NW CORPORATE BLVD. BOCA RATON, FL 33431

SUBJECT: SAS PROMOTION GROUP, LLC

Ref. Number: L15000104361

We have received your document for SAS PROMOTION GROUP, 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 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.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00016518

www.sunbiz.org

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	SAS Promot	tion group LLC	,
	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		1	
	ANDREW	RUDOVICK	
		Name of Person	
	ANDREW SAS Pron	- otion Group L	<i>LL</i>
	·	Firm/Company	
	1825 MI	W Corp BLUD Address	#110
	1300A R	ANN FL City/State and Zip Code	33431
	Anyomick	· · · · · · · · · · · · · · · · · · ·	L.(acation)
For further information	n concerning this matter, please ca	all:	
Ans	new Ruando	at (SE) 883 1	disco
Nan	ne of Person	Area Code Daytime	Telephone Number
England is a shock for	or the 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 Status & Certified Copy

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 ARTICLES OF ORGANIZATION

	TO	•	<u>.</u>
ART	ICLES OF OR	GANIZATION	N F/I
	OF		201
	1		20/6 AUG 30
SAS From or	I'm Gov	o,LCC	2016 AUG 29 PM 4: 14 14 records.) 14 records.
		as it now appears on ou oility Company)	ir records.) AHACTI me
			SEE MARE
The Articles of Organization for this Limited L	iability Company we	ere filed on 615	and assigned and assigned
Florida document number 1 15000	104361		
Torida document namber	, , , , , ,		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabilit	v company here:	
1. If amending name, enter the new name of	T the timited habine	y company nere.	
The new name must be distinguishable and contain the v	unedo of imited Linbility	Company "the decimat	ion "I I C" or the abbreviation "I I C"
The new name must be distinguishable and contain the v	voids Emilied Diability	Company, me designat	ion ble of the appreviation billie.
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	- P. G. 1.0		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	-		
B. If amending the registered agent and registered agent and/or the new registered o		e address on our	records, enter the name of the new
registered agent and/or the new registered o	ince address here.		
	Androw	WND21K	(
Name of New Registered Agent:	Firecom	72001.16	
New Registered Office Address:	5351 1	7. teyorm	- Hyshway
		Enter Florida str	get address
	BOURT	LATON	Florida 53487
		City	Zip 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

AMBR = Authorized Member

Type of Action **Title** <u>Name</u> **Address** BOWA RATUNIFI 33477 DAVE ZIMET 1825 NW Corp BLUD Remove ☐ Change 1825 NW COTPBUD, BUR 33431 ANDREW RUDNICL ☐ Remove ☐ Change ☐ Add ☐ Remove Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Note: 1	ve date, if other than the date of filing: S/23/16 (optional)
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	8/23/16
	Signature of a member or authorized representative of a member
	DAJF ZIMET

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00