

12/10/2019

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

2ND REQUEST

# 415000152840

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H19000356480 3)))



H190003564803ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA  
 Account Number : 120120000072  
 Phone : (305)895-5815  
 Fax Number : (305)895-6273

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**SACAFAM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$25.00

2019 DEC 23 AM 11:47  
 RECEIVED

DEC 26 2019

Electronic Filing Menu

Corporate Filing Menu

M. SOLOMON  
Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H190003564803

SACAFAM LLC

(Name of the Limited 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 September 08, 2015 and assigned  
Florida document number L15000152840.

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 contain 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

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

2019 DEC 23 PM 1:33

FILED

H190003564803

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	SANDRA HAMER	2136 NE 123rd Street	<input type="checkbox"/> Add
		North Miami FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GRATZ BUSINESS LTD	2136 NE 123rd Street	<input checked="" type="checkbox"/> Add
		North Miami FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 DEC 23 PM 1:33

1111

**H190003564803**

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2019 DEC 23 Pii 1:33

E. Effective date, if other than the date of filing: 12-10-19 (optional)

(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: (b) The 90th day after the record is filed.

Dated December 10, 2019

*[Handwritten signature]*

Signature of a member or authorized representative of a member

**SANDRA HAMMER**

Typed or printed name of signer

**Filing Fee: \$25.00**