## 115000172614

(Document Number)				

Office Use Only



300320301543

11/02/18--01012--028 \*\*80.00

Markhaueu reine (a

A III ET

WSV 19 200 T. LETTELLEN



## **COVER LETTER**

Division of Cor	porations	•		
SUBJECT.	SASILLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ZOLTAN SASVARI			
		Name of Person		
	SASILLC			
		Firm/Company	<del> </del>	
	3648 KINGS RD #	106		
	<del></del>	Address	· · · · · · · · · · · · · · · · · · ·	
	PALM HARBOR, F	FL 34685		
City/State and Zip Code kulcszoli@gmail.com				
	E-mail address: (	to be used for future annual report notif	ication)	
For further information ed	oncerning this matter, please c	all:		
Evelin Sa	asvari	727 480-2520		
Name of	f Person		Telephone Number	
Enclosed is a check for th	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 Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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

	SASILLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now арреаг rida Limited Liability Company)	s on our records.)	A.
The Articles of Organization for this Limited Liabilit	y Company were filed on	10/09/2015	andgassigned
Florida document number L15000172614	·		
This amendment is submitted to amend the following	:		affdyassigned
A. If amending name, enter the new name of the	imited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	esignation "ELC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·····	
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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

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>	Type of Action
AMBR	Michael Joseph Stonelake	3648 Kings Rd, Palm Harbor, FL Zip 34685	
			Remove
			Change
			□ Remove
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

· `	_
	_
	_
	<del>_</del>
	_
	_
E. Effective date, if other than the date of filing:	
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ea (b) The 90th day after the record is filed.	rlier of:
Dated October 27th 2018	
Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00