

L15000187135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

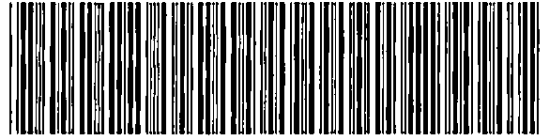
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 NOV -7 AM 10:20
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 NOV -7 PM 1:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
NOV 8 2018



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/02/2018

Name: Chris Vick

Reference #: 1008553

Entity Name: 3607 SIENNA RIDERS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2018

COGENCYGLOBAL

SUBJECT: 3607 SIENA RIDERS LLC
Ref. Number: L15000187135

We have received your document for 3607 SIENA RIDERS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

This company filed a voluntary dissolution. An amendment can not be filed to an inactive entity.

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: 018A00022717

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

3607 SIENA RIDERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 NOV -7 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 4, 2015 and assigned
Florida document number L15000187135.

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 "L.L.C."

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

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	STACY D. DRAZAN	3607 Siena Cir Wellington, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STACY DENMAN	3607 Siena Cir Wellington, FL 33414	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18 NOV 7 AM 10:23
TALLAHASSEE, FLORIDA

18 NOV 1964
FALLS CHURCH, VIRGINIA
FLORIDA

18 NOV - 7 AH 10:25
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TALLAHASSEE
FLORIDA

(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)

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 November 1, 2018

Signature of a member or author

Signature of a member or authorized representative of a member

Steven D. Anderson, Esq.

Typed or printed name of signee