

L16000012720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

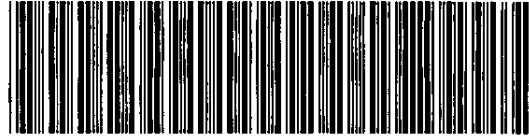
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2016 JUL -1 A 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUL 05 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2016

TIM LIPTROTT
2245 GUNN ROAD
KISSIMMEE, FL 34746

SUBJECT: SENTOMA ENTERPRISES LLC.,
Ref. Number: L16000012720

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00012595

COVER LETTER

Registration Section
Division of Corporations

Sentoma Enterprises LLC

ECT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Tom Liptrott

Name of Person

Sentoma Enterprises LLC

Firm/Company

2245 Gunn Road

Address

Kissimmee, Florida, 34746

City/State and Zip Code

boltonlimo@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liptrott _____ at (863) 588-1495
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$1.00 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
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**

SENTOMA ENTERPRISES 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 1/19/2016 and assigned Florida document number L 16 0000 12720

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

City

Florida

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>
AMBR	THOMAS LIPTROTT	2245 GUNN ROAD	☐ Add
	NO CHANGE	KISSIMMEE, FL	☐ Remove
			☐ Change
AMBR	JAMES LIPTROTT	6 ECCLESTON AVE,	☒ Add
		BOLTON, GREATER	☐ Remove
		MANCHESTER, ENGLAND	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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[illegible]

(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 6/28/2016, _____

T. heptott

Signature of a member or authorized representative of a member

T. LIPTROT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2010-09-14 AM 2:41
CLERK OF STATE
TALLAHASSEE, FLORIDA