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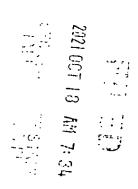
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A. BUTLER OCT 2 8 2021

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
Saurian Pr SU <b>BJECT:</b>	roperties, LLC		
SUBJECT:	Name of Lir	mited Liability Company	····
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing	
	ondence concerning this matter	•	
r toute return an enresp	onderec concerning this matter	to the following.	
	Geoffrey D. Goldman		
	<del></del>	Name of Person	<del></del>
	Saurian Properties, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1801 Pepperidge Drive		
		Address	
	Orlando, FL 32806		
		City/State and Zip Code	
	geoffdgoldman@gmail.com		
For further information of	n-mail address: ( concerning this matter, please c	to be used for future annual report not	hication)
Geoffrey Goldman	, promote	407 865-2746	
	of Person	at ()	ne Telephone Number
			Totophone Plantoci
Inclosed is a check for t	he following amount:		
<b>■ \$25.00</b> 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saurian Properties, 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  $\frac{4/15/2016}{2}$ and assigned Florida document number  $^{\mathrm{L}16000074782}$ 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

## 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.

Zip Code

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
MGRM	Geoffrey D Goldman	1801 Pepperidge Drive	□Λdd
		Orlando, FL 32806	□Remove
		· · · · · · · · · · · · · · · · · · ·	EChange
MGRM	Christine F Goldman	1801 Pepperidge Drive	⊟Add
		Orlando, FL 32806	□Remove
		<del> </del>	■ Change
<del></del>			□Add
			□Remove
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	October 13	2021				
Signature of a member or authorized representative of a member		M(12 1) /	hold-			
	/H		•			

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