116000184100

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Amend

DEC 1 2 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SASIN + STLL LI Name of I	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
	ODD HOCK Name of Person	
SASH +	SILL LLC Firm/Company	
1167 Saraso	sta Center Blud Address	
Sarasoto thocho E-mail addres	City/State and Zip Code Sashands II. net ss: (to be used for future annual report notifi	lication)
For further information concerning this matter, please	e call:	
TODO HOCH Name of Person	at (<u>813</u>) <u>(</u> 82 - £ Area Code Daytime	e Telephone Number
Enclosed is a check for the 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 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

SASH + STLL LLC	' 	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>is.</u>)
	11	. 7
The Articles of Organization for this Limited Liability Compa	.ny were filed on $\frac{10 03 2}{}$	016 and assigned
Florida document number <u>L 16000184100</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
		2019
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · ·
		<u> </u>
		- :
B. If amending the registered agent and/or registered	office address on our record	s, enter the name of the new
registered agent and/or the new registered office address h	<u>iere</u> :	: > rs
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	, FI	orida
- 	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:

<u> </u>			
	Manager = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
MGR	TODD HOXH	2423 Marton Oak Blud	Add
		North Port, FL 34289	□ Remove
			Change
	Felix Rodriguez	12246 Formour Peak Dr	
		Piverien, FL 33579	Remove
			Change
	Al Salazar	5776 Nannyberry Circle	
		Sarasatu, FL 34238	☑ Remove
			Change
			🖸 Add
			☐ Remove
			🗆 Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

·
E. Effective date, if other than the date of filing:
f 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 14th. 2019.
1M IN
Signature of a member or authorized representative of a member
Tobb Hock Typed or printed name of signee

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Filing Fee: \$25.00