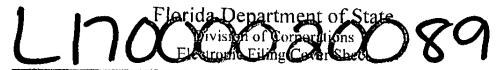
2/21/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000493623)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SABBATH COLLECTIVE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Sabbath Co	ollective, LLC		•
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	<del></del>
		101 N. Brand Blvd., 11th	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		donnalynn@sabbathcolle E-mail address: (1	o be used for future annual report notific	intion)
For further is	nformation co	oncerning this matter, please ca	યા:	
Cheyenne	Moseley		800 773-0888 ex	t. 9724
<u> </u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount.		
□ \$25.00 ¥	filin <b>g Foc</b>	☐ \$30.00 Filing Fee & Certificate of Status	\$\mathbb{E}\$ \$55.00 Filing Fee & Cartified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/COURIE	

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

4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now annears on ony records.)	
The Articles of Organization for this Limited Liability Company Florida document number L17000020089		and assigned
This amendment is submitted to amend the following:	4	
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation,"L.L.C."
Enter new principal offices address, if applicable:	2256 Massaro Blvd	7
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33619	<b>3</b> 2 g
		<u>№ %≥7</u>
Enter new mailing address, if applicable:	2256 Massaro Blvd	AM I
	Tampa, FL 33619	** 43
		<b>3</b>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tampa, FL 33619  Flice address on our records, g	<b>59</b>
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Florid	ia.
and the state of t	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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:			
MGR = Ma	snager sthorized Member	<i>n</i>	
Title	Name	Address	Type of Action
AMBR	Donna L. Keyes	1230 Acapella Lane	
		Apollo Beach, FL 33572	<b>∠</b> Remove
AMBR	Donna L. Køyes	2256 Massaro Blvd.	<b>™</b> Add
		Tampa, FL 33619	□ Remove
<del></del>			Add
		3	C Remove
		And the second s	Add
			Remove
			FE83
			□ Remove

Page 2 of 3

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing:  (Optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated FERRUARY 13. 2017
	Conna L Keyes
	Signature of a member or anthorized representative of a member
	Donna L. Keyes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00