117000022405

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(Address	s)	
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TO SHOW OF SURFERNMENT OF

J. HARRIS

COVER LETTER

TO: Registration Division of 0	i Section Corporations		
Sakis E	nterprises LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	of Amendment and fee(s) are sub-	-	
	Sunil Sakhichand		
		Name of Person	
	Sakis Enterprises LLC		
		Firm/Company	
	2750 Herons Landing Driv	ve e	
		Address	
	Kissimmee FL 34741		
		City/State and Zip Code	
	mosaki09@icloud.com	to be used for future annual report notifi	ication)
For further information	on concerning this matter, please c	•	-
Sunil Sakhichand		407 383-7935	
Na	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fe	e \$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)
M	AH ING ADDDESS.	STPFFT/COUDII	FD ADDRESS.

MAILING ADDRESS:

TO:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sakis Enterprises LLC		
(Name of the Limi	ted Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited L Florida document number L17000022405	iability Company were filed on S	akis Enterprises LLC and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company l	<u>nere</u> :
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 appli	cable:	一
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		ANII:
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	6 02.
registered agent and/or the new registered (on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	2750 Herons Landing Drive	
New Registered Office Address:	<u> </u>	lorida street address
	Kissimmee	, Florida ³⁴⁷⁴¹
	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>	Address	Type of Action
MGR	Mohanie Sakhichand	2750 Herons Landing Drive	
		Kissimmee FL 34741	■ Remove
			☐ Change
MGR	Sunil Sakhichand	2750 Herons Landing Drive	
		Kissimmee FL 34741	☐ Remove
			Change
			☐ Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add 3
			Remove
			Cha
			□ Remoye
			☐ Remove
			□ Change

as manager and register ag	ent to LLC			

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	2/1/201	17	, N	
tive date, if other than t	the date of filing: must be specific and cannot be	prior to date of filing or m	ore than 90 days after filing.) Pursuant to 605.0207
	s block does not meet the ap e Department of State's reco		g requirements, this date	will not be listed as
ecord specifies a delay e 90th day after the r	yed effective date, but record is filed.	t not an effective t	ime, at 12:01 a.m.	on the earlier of
e sour day dies. ene.				
d		·		17
				<u> 145</u>
		4-1-1		

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Filing Fee: \$25.00