

11700024885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

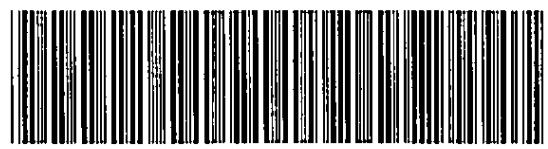
(Business Entity Name)

(Document Number)

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FILED
DEC 20 11:09
FALLASSEE, LINDA

D. SCOTT
DEC 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pach's Place, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

James N. Powell

Name of Person

Powell, Carney, Maller, P.A.

Firm/Company

One Progress Plaza, Suite 1210

Address

St. Petersburg, Florida 33701

City/State and Zip Code

leelevant@gmail.com

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

For further information concerning this matter, please call:

James N. Powell

Name of Person

727 898-9011
at () _____
Area Code Daytime 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

FILED
2011 FEB 20 AM 10:02
Tallahassee, Florida

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pach's Place, 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 January 31, 2017 and assigned Florida document number L17000024885.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sawtooth Land, LLC

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:

7005 E. 14th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33619

Enter new mailing address, if applicable:

PO Box 75301

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33675

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

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>
MGR	Lee A. Levant	95 Ladoga Avenue	<input type="checkbox"/> Add
		Tampa, Florida 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bunchville, LLC	7005 E. 14th Avenue	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

2017 DEC 18 11:01 AM

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 December 18, 2017



Signature of a member or authorized representative of a member

Lec A. Levant, Manager

Typed or printed name of signee