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> 2011 JUN = 9 PM 3: 05 SECRETARY OF STATE

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COVER LETTER

	Registration of	on Section f Corporations			
SUBJEC	SaraSc	ellsSarasota.com, PLLC			
SCDJEC		Name of Limited Liability Company			
The encl	osed Article	es of Amendment and fee(s) are submitted for filing.			
Please re	eturn all con	respondence concerning this matter to the following:			
		Gregory J. Leicht			
		Name of Person			
		SaraSellsSarasota.com, PLLC			
		Firm/Company			
		4842 Wilde Pointe Drive			
Address					
		Sarasota, FL 34233			
		City/State and Zip Code			
		Gregl_eicht@me.com			
		E-mail address: (to be used for future annual report notification)			
For furth	er informat	ion concerning this matter, please call:			
Gregory	Leicht	941 586-8047 at ()			
	Na	ame of Person Area Code Daytime Telephone Number			
Enclosed	l is a check	for the following amount:			
\$25.0	00 Filing Fe	ee \$\sigma\$\$\sqrt{\$30.00}\$ Filing Fee & \$\sqrt{\$55.00}\$ Filing Fee & \$\sqrt{\$60.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

ZOIT JUN-9 PH 3: 09

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

SaraSellsSarasota.com, PLLC

(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 _____ and assigned Florida document number _L17000034881 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 "L.L.C." 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.

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>	Type of Action
MGR	Sara A. Leicht	4842 Wilde Pointe Drive	
		Sarasota, FL 34233	■ Remove
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			Add ·
			Bemove SECRETARY Change
			GO A A STATE REIMAGE
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Effective date, if other than	the date of filing:		(optional)	(05,000,000
If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the document of the document of the document of the document of the date of the	nis block does not meet the ap	plicable statutory filing re		
he record specifies a dele The 90th day after the		not an effective tim	e, at 12:01 a.m. or	n the earlier of:
Dated June 7	2017			
	1. D, 5.	 ,		
×.	10/18	authorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00