

L170000081177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

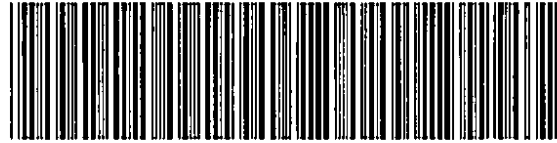
(Business Entity Name)

(Document Number)

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11/15/2016 11:17 AM

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAILOR GIRL TRANSPORT 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:

KAREN B SCHAPIRA

\_\_\_\_\_  
Name of Person

KAREN B SCHAPIRA PLLC

\_\_\_\_\_  
Firm/Company

11523 PALMBRUSH TRAIL STE 316

\_\_\_\_\_  
Address

LAKEWOOD RANCH FL 34202

\_\_\_\_\_  
City/State and Zip Code

kbs@schapirahealthlaw.com

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

For further information concerning this matter, please call:

KAREN B SCHAPIRA

954 309-6437  
at ( )

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

SAILOR GIRL TRANSPORT 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 04/11/2017 and assigned  
Florida document number 1.17000081177.

This amendment is submitted to amend the following:

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

SAILORGIRL TRANSPORT 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:

(Principal office address MUST BE A STREET ADDRESS)

677 N WASHINGTON BLVD

SUITE 12

SARASOTA FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

677 N WASHINGTON BLVD

SUITE 12

SARASOTA FL 34236

**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: KAREN B SCHAPIRA PLLC

New Registered Office Address: 11523 PALMBRUSH TRAIL STE 316

*Enter Florida street address*

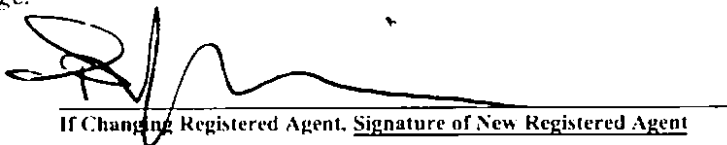
LAKEWOOD RANCH, Florida 34202

*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>
AMBR	JEANINE JOHNSON	677 N WASHINGTON BLVD	<input type="checkbox"/> Add
		SUITE 12	<input type="checkbox"/> Remove
		SARASOTA FL 34236	<input checked="" type="checkbox"/> Change
MGR	SAILORGIRL HOLDINGS INC	677 N WASHINGTON BLVD	<input checked="" type="checkbox"/> Add
		SUITE 12	<input type="checkbox"/> Remove
		SARASOTA FL 34236	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

JEANINE JOHNSON IS BEING CHANGED FROM AN AUTHORIZED SIGNOR TO CEO OF THE COMPANY


**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.

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 JULY 14, 2022



~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee

**Filing Fee: \$25.00**