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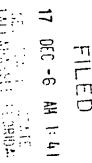
(Requestor's Name)
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A LECTION



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2017

KERVENS NORVIL 64 NW 52ND STREET MIAMI, FL 33127 US

SUBJECT: SAK PASE ASSOCIATES LLC

Ref. Number: L17000121647

We have received your document for SAK PASE ASSOCIATES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 617A00022539

COVER LETTER

Division of Corporations
SUBJECT: SAK DASE ASSOCIATES 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:
KERITAS HOKUFL Name of Person
Firm/Company
GY NW SOND STREET
MIAMIT, FL 33127 City/State and Zip Code Levus 3 Novuil O Janco Colo
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (746) 322-9618 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS:

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Registration Section

TO:

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for the Organization for the Articles of Organization for the Organi	iled on JUME 2, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Corr	pany," the designation "LLC" or the abbreyintion "LHC."
Enter new principal offices address, if applicable:	:- :-: 0
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	## U
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	, Florida
Ci	y Zip Code

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 Address Type of Action Title Name MOR ANTONFO THEORIC 1171 NW 140TH TERR DAD MFAMT, FL 33168 PRemove ☐ Change LYNELL EDGECOMB Add 579 NW VOTH STREET - Remove FLORFDA (FTY, P. 33834 Change □ Add

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Not	ctive date, if other than the date of filing:			
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. one 90th day after the record is filed.	n the earl	ier of	f:
Date	d			
	s g			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00