L17000141949

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooling Note 1 days)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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JAN 2 S 2020

D CUSHING

COVER LETTER

Division of Cor	porations				
Sarah Mei, SUBJECT:	LLC				
	Name of Lin	nited Liability Company			
The analysis Asia C					
The enclosed Afficies of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sarah Mei				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Sarah Mei, LLC				
		Firm/Company			
	2533 Barwick Street				
		Address			
	Orlando, FL 32824				
		City/State and Zip Code			
	sarahh807@gmail.com				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please c	all:			
Sarah Mei		407 970-6448 at ()		20	- - ::
Name of	Person		Telephone Number		35
				22	
Enclosed is a check for th	e following amount:				S SE
■ \$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 Statu Certified Copy (additional copy is enclo		STATE
Mailing Address		Street Address			

Mailing Address:
Registration Section
Division of Corporations

TO:

Registration Section

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



December 17, 2019

SARAH MEI SARAH MEI, LLC 2533 BARWICK STREET ORLANDO, FL 32824

SUBJECT: SARAH MEI, LLC Ref. Number: L17000141949

We have received your document for SARAH MEI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records there has been no change made to the registered agent information.

Please return 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) 245-6050.

Letter Number: 119A00025595

Diane Cushing Senior Section Administrator

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarah Mei, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 6/30/2017	and assigned
Florida document number L17000141949		
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 L	ciability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS	0	
		20 20
Enter new mailing address, if applicable:	<u> </u>	D. 17.
(Mailing address MAY BE A POST OFFICE BOX)		22 372
		मु भून
		4. 6.4
B. If amending the registered agent and/or registered off	ice address on our records, enter the	
agent and/or the new registered office address here:		7. 7.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	9
	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>	Name	Address	Type of Action
Secretary	Hollis Michael Dowell	2533 Barwick Street, Orlando, FL 32824	■Add
			□Remove
			□Change
			□Add
			ПRеточе
			□Change
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			□Remove
			□ Change

fan 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 605.020' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 d is filed.		
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		Signature of a member or authorized representative of a member