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2/12/21

COVER LETTER

SARA SUBJECT:	AH I, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	ALBERTO D. MAJUL		
	<u></u>	Name of Person	
	SARAH I, LLC		
		Firm/Company	·
	2701 GRIFFIN RD		
		Address	
	DANIA BEACH, FL 333	12	
	-	City/State and Zip Code	 -
	CELSOIC@AOL.COM		
For further informati	is-mail address: (ion concerning this matter, please c	to be used for future annual report notif	ication)
DANIEL MAJUL	•	954 684-3881	
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fo	ee \$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)
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARAH 1, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records Liability Company)	<u></u>)
he Articles of Organization for this Limited Liability Company	were filed on 07/21/2017	and assigned
lorida document number L17000156702		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		7 7 7
nter new mailing address, if applicable:		. 7
Mailing address MAY BE A POST OFFICE BOX)		36 ()
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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>	Address	Type of Action
MGR	ALBERTO D MAJUL	2701 GRIFFIN RD	□Add
		DANIA BEACH, FL 33312	Remove
			□Change
MGR	ANGELA M FABIANA MARANG	2701 GRIFFIN RD	□Add
		DANIA BEACH, FL 33312	■Remove
			□Change
MGR	SARAH I FIDICOMISO		
		717.2.2	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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f an effective date, if o	other than the date of sted, the date must be specified.	of filing:erific and cannot be prior:	to date of filing or more th	(option an 90 days after fil	al) ing.) Pursuant to 605,02
Note: If the date in	serted in this block doc	es not meet the applica	able statutory filing req	uirements, this d	ate will not be listed
document 8 effectiv	e date on the Departme	em or state's records.			
e record specifies a c d is filed.	delayed effective date,	but not an effective tir	me, at 12:01 a.m. on the	e earlier of: (b)	The 90th day after th
Dotard					
Dated	i	, 	·		
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			_ , _ , ,		
	Signatu	ire of a member or autho	rized representative of a r	nember	

. . .

Filing Fee: \$25.00