

L 7000163241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

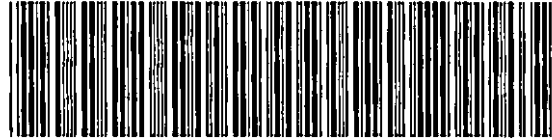
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 AUG -1, AM 7:14
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AUG 07 2017
J SHIVERS

August 1, 2017

Mr. Leon A. Perpall, III
Sadler Home2 LLC
14709 Howard Road
Bryceville, FL 32009

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: L17000163241 Name Amendment

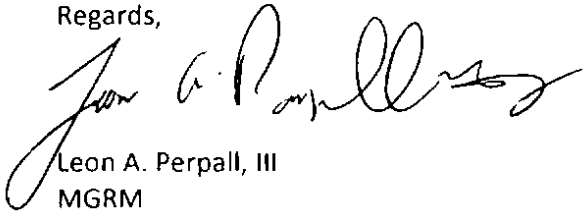
To Whom It May Concern:

Please find the completed and executed Articles of Amendment to Articles of Organization of Sadler Home2 LLC and a check in the amount of \$30.00 for the filing fee and certificate of status.

Please change the name from Sadler Home2 LLC to Sadler II LLC.

Should you have any questions or need additional information, please don't hesitate to contact Shawna Perpall at 904.507.2900 or sperpall@windstream.net.

Regards,

A handwritten signature in black ink, appearing to read "Leon A. Perpall, III". The signature is fluid and cursive, with a large initial "L" and a stylized "P".

Leon A. Perpall, III
MGRM
Sadler Home2 LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sadler Home2 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:

Shawna B. Perpall
Name of Person

Firm/Company

14709 Howard Rd.
Address

Bryceville, FL. 32009
City/State and Zip Code

Sperpal@windstream.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna B. Perpall at (904) 507-2900
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Sadler Home2 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 July 31, 2017 and assigned Florida document number L7000163241.

This amendment is submitted to amend the following:

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

Sadler II 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)

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

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

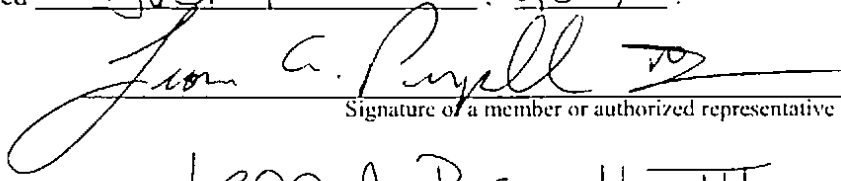
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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 August 1, 2017.


Signature of a member or authorized representative of a member
Leon A. Perrell, III

Typed or printed name of signee