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JACQUELINE M. SALY
FALLAHASSETT, CT 06110

K. SALY
SEP 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERGEANT'S MINING 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:

MARIANO ARIEL CORCILLI, ESQ.

Name of Person

THE CORCILLI LAW FIRM

Firm/Company

350 LINCOLN ROAD, 2ND FLOOR

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

MARIANO@CORCILLILAW.COM

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

For further information concerning this matter, please call:

MARIANO ARIEL CORCILLI, ESQ.

Name of Person

at (**786**) **529-8762**

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**

SERGEANTS MINING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 21, 2017 and assigned
Florida document number L17000177702.

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 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)

C/O THE CORCILLI LAW FIRM
350 LINCOLN ROAD, 2ND FLOOR
MIAMI BEACH, FLORIDA 33139

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

City, Florida 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	MARIANO A CORCILLI ESQ.	350 LINCOLN ROAD, 2ND FLOOR	<input type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL WATERS	9250 132ND STREET	<input type="checkbox"/> Add
		SEMINOLE, FLORIDA 33776	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACOB BRYANT	2297 SE 12TH STREET	<input type="checkbox"/> Add
		POMPANO BEACH, FLORIDA 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE CORCILLI LAW FIRM, P.A.	350 LINCOLN ROAD, 2ND FLOOR	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CALM WATERS INVESTMENTS LLC	9250 132ND STREET	<input checked="" type="checkbox"/> Add
		SEMINOLE, FLORIDA 33776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AZURE CONSULTING LLC	P.O. BOX 970088	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FLORIDA 33097	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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CLERK OF DISTRICT COURT
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 **SEPTEMBER 4**, 2017



Signature of a member or authorized representative of a member

MARIANO A CORCILLI ESQ.

Typed or printed name of signee