

**L17000188448**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

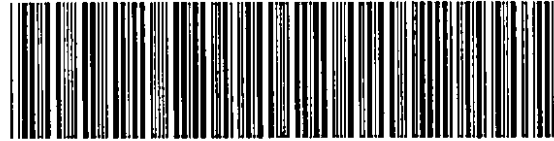
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/06/17--01011--016 \*\*25.00

DIVISION OF REVENUE AND TAXES  
17-OCT-23-PM 1:22

FILED

OCT 26 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2017

NICHOLAS CUSIMANO  
12711 CANTON AVE  
HUDSON, FL 34669

SUBJECT: SIERRA PARTNERSHIP LLC  
Ref. Number: L17000188448

We have received your document for SIERRA PARTNERSHIP 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):


The registered agent must sign accepting the designation.

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

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 917A00020355

*ALSO  
AMENDED NAME  
TO SIERRA LIMITED, LLC*



2017 OCT 23 PM 3:52  
MAIL ROOM

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

Sierra Partnership, 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 Sept 5, 2017 and assigned Florida document number L17000188448.

This amendment is submitted to amend the following:

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

Sierra Limited, 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:**

12711 Canton Ave

**(Principal office address MUST BE A STREET ADDRESS)**

Hudson, FL 34669

**Enter new mailing address, if applicable:**

12711 Canton Ave

**(Mailing address MAY BE A POST OFFICE BOX)**

Hudson, FL 34669

**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:

Nicholas Cusimano

New Registered Office Address:

12711 Canton Ave

*Enter Florida street address*

Hudson

Florida 34669

*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.*

  
**Changing Registered Agent, Signature of New Registered Agent**

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17 OCT 23 PM 1:22  
DIVISION OF CORPORATIONS

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>
MGR	Doukas, Paul	2911 Punta Palma Ct	<input type="checkbox"/> Add
		Holiday, FL 34691	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cusimano L, Isa	2911 Punta Palma Ct	<input type="checkbox"/> Add
		Holiday, FL 34691	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicholas Cusimano	12711 Canton Ave	<input checked="" type="checkbox"/> Add
		Hudson, FL 34669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kim Doukas	2911 Punta Palma Ct	<input checked="" type="checkbox"/> Add
		Holiday, FL 34691	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

MASSACHUSETTS  
OCT-23  
PM 1:28

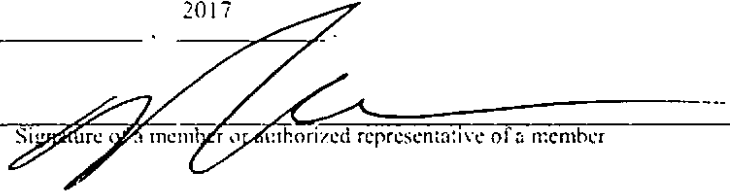
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E. Effective date, if other than the date of filing: Sept 21, 2017 (optional)

(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 Sept 21 2017



Signature of a member or authorized representative of a member

Nicholas Cusmano

Typed or printed name of signee