## L1800000 2724

(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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## COVER LETTER

TO:	Registration S Division of Co		•	
SUBJEC	Adding / r	emoving members, changing ad	dress of Scrosoft LI	LC.
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sub	·	
ricase re	aum an corresp	ondence concerning this matter Peter Mihalovics	to the following:	
			Name of Person	
		Sarasota LLC.		
		7061 S. Tamiami Trl	Firm/Company	
		Sarasota Fl, 34231	Address	
		Isarasotalle@gmail.com	City/State and Zip Code	<del></del>
			to be used for future annual report notifica	ation)
		concerning this matter, please co		
Peter M	ihalovics		941 735-9661 at ()	
	Name	of Person	Area Code Daytime T	elephone Number
Enclosed	l is a check for t	the following amount:		
<b>□</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	<u>rds.</u> )
he Articles of Organization for this Limited L lorida document number L108000002724	iability Company	were filed on 01/01/2018	and assigned
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	hty Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	4472 Emerald Ridge Dr	
Principal office address MUST BE A STREET ADDRESS		Sarasota, FL 34233	
			7
nter new mailing address, if applicable:		8466 N. Lockwood Ridge Rd	
Mailing address MAY BE A POST OFFICE	BOX)	Sarasota, Fl 34243	<u> </u>
			20
. If amending the registered agent and egistered agent and/or the new registered o	ffice address her	<u>e</u> :	ds, enter the name of the
Name of New Registered Agent:	Peter Mihalovi	cs	
New Registered Office Address:	4472 Emerald Ridge Dr		
		Enter Florida street addr	
	Sarasota		Florida Fl. 34233 Zip Code
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Sarasota LLC.

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>	Type of Action
AMBR	Attila Szabo	6206 Blackdrum Ct Lakewood Ranch, Fl, 34202	<b>≅</b> Add
			□ Remove
			Change
AMBR	Jozsef Mihaly	5308 Birch Ave Sarasota, FI 34233	Add
			Remove
AMBR	Adam Banka		
		6908 Tema Ln Sarasota, FL 34241	<b>≡</b> Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

D. Af amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
12/13/2018
E. Effective date, if other than the date of filing:
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 1/18/19  Signature of a member of authorized representative of a member
TETER MIHAWUICS Typed or printed name of signee

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Filing Fee: \$25.00