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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: <i>S_f</i>	ANIA LLC Name of Limi	tted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	THOMA:	S S, RAMSEY Name of Person	····
	SANIT	9 LLC Firm/Company	
	12501 ULn	MERton Rd. Lot 7	*5 6
	LARGO,	FL, 33774 City/State and Zip Code	
	F-mail address: (1	o be used for future annual report notif	cation)
For further information con	cerning this matter, please ca	all:	
Tom RA Name of Pa	MSEY erson	at (<u>540</u>) <u>309</u> - Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
52 \$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

SANIA LLC.	
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on	$\frac{5 /20/8}{}$ and assigned
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 "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SEC ASIG
	≥ × × × × × × × × × × × × × × × × × × ×
Enter new mailing address, if applicable:	CO
(Mailing address MAY BE A POST OFFICE BOX)	79 .20 C
matting dualess MAT DE AT OST OTT ICE DOAJ	
B. If amending the registered agent and/or registered office address on our recorregistered agent and/or the new registered office address here:	ds, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addi	ress
1	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 provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 602 being filed to merely reflect a change in the registered office address, I hereby confirm to company has been notified in writing of this change.	and I am familiar with and 5, F.S. Or, if this document is

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
MGR	THOMAS S. RAMSEY	12501 ULMERTON Rd. Lot \$6 LARGO, FL. 33774	⊠ Add
			Remove
			Change
<u>AMBR</u>	CONNIE D. RAMSEY	12501 Ulmerton Rd. Lot #56 LARGO, FL. 33774	53 Add
			☐ Remove
			Change
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ffective date, if other than than than effective date is listed, the date πote: If the date inserted in this ocument's effective date on the	nust be specific and car block does not meet	not be prior to date t the applicable st	of filing or more tha			
e record specifies a delay The 90th day after the re		e, but not an ≀	effective time,	at 12:01 a.m. c	on the earl	lier c
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nted	,,,,,,,,					
Thomas THOM	Signature of a men	iber of authorized i	epresentative of a m	ember	.	

Page 3 of 3

Filing Fee: \$25.00