1180000119573

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)	1		
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300313755683

05/29/18--01014--022 **25.00

2011 MAY 29 PH 4: 57

B FIGUEROA MAY 31 2018

		Craig R. Fournier	
-		Name of Person	
	San Set	pastian Property Management, LLC	
_		Firm/Company	
		814 Castille Drive	
-		Address	_
	/	Altamonte Springs, Fl 32714	
-	CI	City/State and Zip Code solutionsnow@gmail.com	
_	E-mail address: (to be used for future annual report noti	ification)
For further information concer	rning this matter, please ca	all: Kim Bess	ette 407-929-470
Craig R. Fournier		(913) 509 1727	
Name of Pers	con	at (813) 598-1726 Area Code Daytim	ne Telephone Number
Enclosed is a check for the fol	lowing 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 Registration	ADDRESS:	STREET/COURI Registration Section	
	Corporations	Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

San Sebastian Property Management, 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 Februarty 23, 2018 on, and assigned	

The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	814 Cas	tille Drive
Principal office address MUST BE A STREET ADDR	(ESS) Altamo	nte Springs, FL 32714
Enter new mailing address, if applicable:	814 Ca:	stille Drive
(Mailing address MAY BE A POST OFFICE BOX)	Altamo	nte Springs, FL 32714
	I office address on our records, <u>enter the</u> Remains the same	e name of the new res
agent and/or the new registered office address here:		201
Name of New Registered Agent:	Remains the same	2018
Name of New Registered Agent: New Registered Office Address: 32714	Remains the same 814 Castille Dri Enter Florida street address	2011 HAY 29
New Registered Office Address:	Remains the same 814 Castille Dri Enter Florida street address Altamonte Springs	2011 HAY 29

Page 1 of 3

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> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR Kim	berly G. Bessette	122 Vista Verdi Cir, Unit 108, Lake Mary, FL 32746	Add
X Remove			
Change			
Remove			
Change			
			🗆 Add
Remove			
Change			
			🗆 Add
Remove			
Change			
			□ Add
Remove			
Change			
		-	🗆 Add
LJ	Remove		
	☐ Change		

 	<u> </u>			<u> </u>		
 				- 		
 <u></u> _	 				=	
 						
 		 				
 			- ·			
 - -						
 -		_				

			
			A HAT
	ective date, if other than the date of filing a effective date is listed, the date must be specific and Note: If the date inserted in this block does a document's effective date on the Department of	d cannot be prior to date of filing or more t not meet the applicable statutory filing r	
	record specifies a delayed effective da Oth day after the record is filed.	ate, but not an effective time, a	t 12:01 a.m. on the earlier of: (b
Date	ed $Max M3$	2018	
	Signature of a mo	200 cember or authorized representative of a men	DIA
	Craig R. Fournier	Kimberly G. Bess	ette
	Ί	Typed or printed name of signee	

Page 3 of 3 Filing Fee: \$25.00