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COVER LETTER

Division of Co		
SABROS SUBJECT:	SIE, LLC	
Sobole I.	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	Joyce Henry	
	Name of Person	
	Klein & Klein, LLC	
	Firm/Company	
	40 SE 11th Avenue	
	Address	
	Ocala, FL 34471	
	City/State and Zip Code	
	Lsbookbinder@aol.com E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Joyce Henry	352 732-7750 at ()	
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

SABROSIE, LLC				
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 26, 2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5464 SW 30th Avenue	* 22		
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34471			
		2 2		
Enter new mailing address, if applicable:	5464 SW 30th Avenue	3		
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34471	= =		
		W. L.		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		enter the name of the nev		
New Registered Office Address: Enter Florida street address				
	, Flor	ida		
	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.

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
		-	□ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
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			J Add
			Remove
			□ Change
			Add
			Remove
			☐ Change

5464 SW 30th Avenue			
Ocala, FL 34471			
Linda S. Bookbinder			
5464 SW 30th Avenue			
Ocala, FL 34471			
			<u> </u>
			
ctive date, if other than the deflective date is listed, the date must if the date inserted in this blo ament's effective date on the De	be specific and cannot be prior to date of ek does not meet the applicable statu	(option filing or more than 90 days after finances of the filing requirements, this control of the filing requirements of the fil	ling.) Pursuant to 6
ecord specifies a delayed se 90th day after the reco	effective date, but not an efford is filed.		m. on the ear
d	2018	<i>,</i> _	2. 2

Page 3 of 3

Filing Fee: \$25.00