118000072386

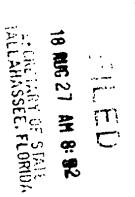
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
	,	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	or otatus
Special Instructions to	Filing Officer:	
	, /)	1
	al X	5 31 \ 18
		5 31 10
	·	- (

Office Use Only



100317553401

08/27/18--01013--007 **25.00



COVER LETTER

TO: Registration Section Division of Corpor		·			
SUBJECT:SC	ivan V Pr	Operfies ULC ted Hability Company			
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for filing.			
Please return all corresponde	nce concerning this matter t	to the following:			
	Sav	AName of Person	stedt		
		Firm/Company			
		1 mir Company			
	<u> 510 E.L</u>	ake Sue Ave.			
-	Winter Po	City/State and Zip Code Cole Dev Gvo obe used for future annual report notif	89 Sup. CGM	18 MG 27	- - - - - - -
For further information cone		·	, • • • • • • • • • • • • • • • • • • •	EE R	Ti
Sarah Vi Name of Pe	mmerstedt	at (407), 748	- 3048 Telephone Number	FLORIDA	
Enclosed is a check for the fo	ollowing amount:		•	,	
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	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

Sarah V	Properties UC	
(Name of the Limited Liability C (A Florida Lin	ompany sy it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Horida document number L1800072386	pany were filed on $3 - 20 -$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Coval VimmerStedt The new name must be distinguishable and contain the words "Limited"	FILC	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 MG 27
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>er</u> <u>s here</u> :	nter the Time of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	
	Cuy	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	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
		<u> </u>	Change
			Remove
			□ Change
			AHASE 21
			SEE
			A Chan
		·	□ Remove
			□ Change
			D Add
			☐ Remove
			□ Change
			Add
			Remove
			□ Changa

					
			···		
					· · · · · · · · · · · · · · · · · · ·
					· · · · ·
					2.5
	<u>. </u>				S 2
					SEC.
					75.0
					RILL
					<i>.</i>
			•		
					
Effective date, if other th	an the date of filing	;:		(optional)	
I an effective date is listed, the Note: If the date inserted is	date must be specific and n this block does not m	cannot be prior to da seet the applicable	ite of filing or more than	90 days after filing.) ements, this date v	Pursuant to 605.02 vill not be listed :
document's effective date c	n the Department of S	tate's records.			
ne record specifies a d	lelaved effective d	ate, but not ar	n effective time. a	at 12:01 a.m. o	on the earlier
The 90th day after t		,			
Dated AUGUST	10	2018			
Dated 110001	<u> </u>	1010.	-1		
	B/A	J- 11/4	111100000		
		nember or authorize	representative of a me	· -	 -

Page 3 of 3

Filing Fee: \$25.00