118000088653

(Address) (Address) (City/State/Zip/Phone #)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600313291176

05/15/18--01017--006 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 1 6 2018

COVER LETTER

	ation Section a of Corporations			
SUBJECT:	SAHS	C ARA Name of Limite	GE LLC d Liability Company	
The enclosed Art	ticles of Amendment and	l fee(s) are submi	tted for filing.	
Please return all	correspondence concern	ing this matter to	the following:	
		SAMIR	Name of Person	R
	-	SAMS	GARAGE (
		2000	9th St w S	hite C
		braden	Lon FL 34 2 City/State and Zip Code	
	<u>I</u>	-mail address: (to	be used for future annual report n	: otification)
For further inforr	nation concerning this n	natter, please call:		
SAMI	R Name of Person	OVR	at (941) 890 Area Code Days	t 9402 hime Telephone Number
Enclosed is a che	ck for the following am	ount:		
当 \$25.00 Filing		ing Fee & te of Status	S55.00 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

(Name of the Limited Liability Companion (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company w	y were filed on 5/10/2018 and assigned	
Florida document number <u>L 18 2000 88653</u> .	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	pility company here:	
The new name must be distinguishable and contain the words "Limited Liability	ility Company," the designation "LLC" or the abbreviation "L.L.C."	— y
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	A CRET	_
	S CA	
	RP RP SP	C
Enter new mailing address, if applicable:	2. ATT	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
B. If amending the registered agent and/or registered office address here:		<u>new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	_
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	Ianager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	SATTIR THINKOUR		□ Add
			□ Remove
			Change
			Remove
			Change
			<u>:</u> □ Add
		<u> </u>	□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
····			
			□ Remove
			☐ Change

The name of both registred Agent and Danger missied on last Amendment	
and Danger mistred on last Amendment	
Amenduent	
The die of	
	_
	<u>≥</u>
3 5	
	727
3	
	RSIA AIS
	'n
:	

Page 3 of 3

Filing Fee: \$25.00