1180000934664

(Requestor's Name)
(Address)
(Address)
(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



100321592521

12/11/18--01014 -006 **25.00



D. SCOTT DEC 2 0 2018

COVER LETTER

FO: Registration Se Division of Cor				
SUBJECT:	The Sacred To	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ashley	Name of Person		
	The Socre	Taba LLC Firm/Company		
	<u>11315 sw</u>	190th Ln Address		
	Miami	FL 33157 City/State and Zip Code	; -	
	Hesacres: (tabaaaannual report notifi	(cation)	
For further information of	concerning this matter, please co	all:	۰۰ ان د	١
ASh te y	MCCrovs of Person	at (<u>786)</u> <u>738- c</u> Area Code Daytime	11 + 3 Telephone Number	
Enclosed is a check for t	he following 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 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

The Socred Tabo	o LLC		_
(Name of the Limited Liability (A Florida	y Company as it now appears on or Limited Liability Company)	ar records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed onO4	13 3018 and	assigned
Florida document number <u>L180000934</u>	,		•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		······································	
(Principal office address MUST BE A STREET ADDRI	ESS)		
			
Enter new mailing address, if applicable:		2815	
(Mailing address MAY BE A POST OFFICE BOX)	**************************************	····	- 710
(maining dutiess may be a rost of rice box)		 - ·	4
			i
B. If amending the registered agent and/or registe		records, enter the nar	ne of the new
registered agent and/or the new registered office addre	ess nere:	~ <i>f</i>	
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florida str	vet address	· · · · · · · · · · · · · · · · · · ·
		, Florida	
	City	Zip Co	xde

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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Ashley McCrow	11315 sw 190th Ln.	DP Add
		Miumi, FL 33157	□ Remove
			Change
AMBR	Ashley McCrow	11315 Sw 190+h Ln.	DP Add
		Migmi, FL 33157	Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			Change
			☐ Remove
			Change
			r∾□ Add

	<u> </u>			
			 	
				
				
				<u> </u>
<u> </u>			 	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		-
				>
	· · · · · ·			?
			Ţ,	<u> </u>
				
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the tument's effective date on the Department of State's r	e applicable statuto	ng or more than 90 days		
record specifies a delayed effective date, the 90th day after the record is filed.	out not an effec	ctive time, at 12:	01 a.m. on	the earlier
ed December 7, 2	018.			
/ \	F 1 /J			

Page 3 of 3

Filing Fee: \$25.00