L1800016	,8751		
(Requestor's Name) (Address)			
(Address)	600352070796		
(City/State/Zip/Phone #)			
(Business Entity Name)	09/21/2001016034 **30.00		
(Document Number)			
tified Copies Certificates of Status			
pecial Instructions to Filing Officer:	·····································		
	OCT 29 2020 S. YOUNG		
Office Use Only			

## **COVER LETTER**

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TO:	Registration Section	ection	
	Division of Corporations		

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Shaan Saar LLC SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

	Renee Rose Currier			
Name of Person				
	Shaan Saar LLC			
	Firm/Company 1720 Emmett Avenue Address Sanford, FL 32771			
City/State and Zip Code				
	info@shaansaar.com			
E-mail address: (to be used for future annual report notification)				
For further information c	concerning this matter, please c	all:		
Renee Rose Currier		407 730-7616		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
25.00 Filing Fee	S30.00 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)	
<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		<u>Street Address:</u> Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

## **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION OF

	UI .	20
Shaan Saar LLC		ET L
(A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on July 12, 2018	and assigned
Florida document number <u>:L18000168751</u>		6: 33
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of th</u>	<u>he limited liability company here</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

. .

. .

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

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•• ••

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Renee Rose Currier	1720 Emmett Avenue, Sanford FL 32771	Add
			Remove
MGR	Gabriel Mora	1720 Emmett Avenue, Sanford FL 32771	
			Add
			🖾 Remove
			□Change
			□ Add
			Remove
			🗆 Change
	<b>-</b>		🖸 Add
			🗆 Remove
			Change
			Add
			[]Remove
			Change
			🗆 Add
			🖾 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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\$ <sup>1</sup>		
· · · · · · · · · · · · · · · · · · ·		

E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

2020

Renee Rose Currier

Signature of a member or authorized representative of a member

Renee Rose Currier

Typed or printed name of signee