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EXAMINER

COVER LETTER

Division of Cor	rporations		
	SANLEN PROPERTIES, LL	С	
SUBJECT:	Name of Lim	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:	
	SANDRA LENETT		
		Name of Person	
	934 N. University Drive, #2	Firm/Company 51	
	Coral Springs, FL 33071	Address	<u> </u>
	SANLEN PI	City/State and Zip Code COPERTIES @ GIN to be used for future annual report hotific	ail, Com
For further information of	concerning this matter, please ca	all:	Ξ
SANDRA LENETT		954 804-5302	
Name 6	of Person	Area Code Daytime T	'elephone 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:

TO:

Registration Section

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

SANLEN PROPERTIES, LLC		
(<u>Name of the Limited Liahility Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
SANLEN ENTERPRISES, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		₩ ₽
		\$2
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		5 C
8. If amending the registered agent and/or registered egistered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		r the name of the
	, Florida _	Zin Code
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	eu from our recorus.		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
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			Change
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fective date, if other than the in effective date is listed, the date mustre: If the date inserted in this blocument's effective date on the D	ock does not	meet the ap	plicable s	of filing or a atutory fili	more than 90 ng requiren	days after l nents, this	iling.) Pu date wil	rsuant to 6 I not be li	05.0203 sted as
record specifies a delayed The 90th day after the rec			not an	effective	time, at	12:01 a	m. on	the ear	lier o
SEPTEMBER 5		2018							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00