118000215210

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S. YOUNG

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	gistration Se vision of Cor				
eud ipet.		Creek Drive LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
		Hafiz Kanji			
		Financial Accounting Service	Name of Person		
			Firm/Company		7 78
		730 W. Colonial Dr.	, <u></u> ,		DEC DEC
		Orlando, FL 32804	Address		26
		Finacctsvc@gmail.com	City/State and Zip Code		EE, FLORIDA
		E-mail address: (to be used for future annual report	notification)	,
For further	information c	oncerning this matter, please ca	ıll:		
Hafiz Kanj	i		407 423-237	1	
	Name o	f Person	Area Code Day	rtime Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	■ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Se Division of Cor		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L18000215210	iability Company were filed on 09/10/2018 and as	signed
his amendment is submitted to amend the follo	owing:	
a. If amending name, enter the new name of	f the limited liability company here:	
SAZIAR HOLDINGS LLC		
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applica	eable:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	BOX)	
3. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	or registered office address on our records, enter the name ffice address here:	of the
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address Florida	· -

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 =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			
			Remove
			Change
			All DAdd T
			A dd T 26 Remove
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<u>Note:</u> II	e date, if other than the date of filing:	nt to 605.020
The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other of the record is filed.	earlier or
Dated _	Dec. 19 20/8 NICON PONDO Signature of a member of authorized representative of a member	
	Digar Ranco	
	Signature of a member or authorized representative of a member	