

L180000278256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

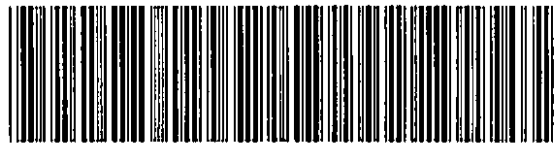
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700348784817

07/23/20--01033--024 **25.00

RECEIVED

JUL 16 2020

AUG 27 2020

S. YOUNG

2020 JUL 16 PM 6:14

2020 JUL 16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sara Beth Lesperance, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Sara Beth Baker

Name of Person

Firm/Company

545 NE 118 Ave Rd

Address

Silver Springs, Florida 34488

City/State and Zip Code

whoissarabeth@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Beth Baker

352

484-5696

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Sara Beth Lesperance, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/03/2018 and assigned
Florida document number L18000278256.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sara Beth Baker, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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:

Sara Beth Baker

New Registered Office Address:

545 NE 118th Ave Rd

Enter Florida street address

Silver Springs

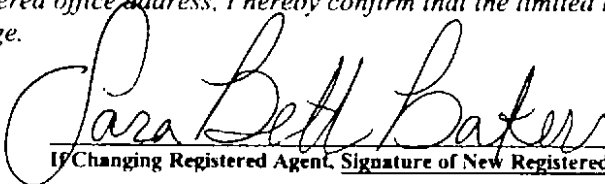
City

Florida 34488

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sara Beth Lesperance	545 NE 118th Ave Rd	<input type="checkbox"/> Add
		Silver Springs, Florida 34488	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sara Beth Baker	545 NE 118th Ave Rd	<input checked="" type="checkbox"/> Add
		Silver Springs, Florida 34488	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated July 11

2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Sara Beth Lesperance

Typed or printed name of signee

Filing Fee: \$25.00