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COVER LETTER

то:	Registration So Division of Co			
cun		asota, LLC		
SUB,	HECT:	Name of Lin	nited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		Sharona Hoffman		
	Name of Person S & D Sarasota, LLC Firm/Company 12321 Marsh Pointe Road			
		S & D Sarasota, LLC		
S & D Sarasota, ELC Firm/Company 12321 Marsh Pointe Road				
		12321 Marsh Pointe Road		
			Address	
		Sarasota FL 34238		
			City/State and Zip Code	
		sd.sarusotallc@gmail.com		<u> </u>
			to be used for future annual report notit	īcation)
For fi	urther information o	concerning this matter, please c	all:	
Share	ona Hoffman		410 952-9965 at ()	
	Name c	of Person	Area Code Daytime	Telephone Number
Enclo	sed 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

S & D Sarasota, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on January 14, 2019	and assigned
Florida document number 1.19000015358		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he 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 ADDRES.	<u>s</u>	
		<u>20</u>
		9APR
Inter new mailing address, if applicable:		· • , — — — — — — — — — — — — — — — — — —
Mailing address MAY BE A POST OFFICE BOX)		§22 & [
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		112 S
 If amending the registered agent and/or registered egistered agent and/or the new registered office address 	ed office address on our records, <u>ento</u> <u>s here</u> :	er the dame of the no
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dale Hoffman	12321 Marsh Pointe Road Sarasota FL 34238	 Add
			□ Remove
			Change
		 	
			☐ Remove
		-	Change
			Add
			Remove
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`an effe <u>Vote:</u> l	ective date is listed. If the date insert	r than the date the date must be speed in this block do te on the Departn	of filing:ecific and cannot be sees not meet the a	prior to date of filin	g or more than 90 day	(optional) ys after filing.) Pursuant ts, this date will not b	to 605.0207 be listed as
e reco	ord specifies 90th day afte	a delayed effe er the record is	ective date, bu s filed.	it not an effect	ive time, at 12	:01 a.m. on the	earlier of
Dated '	April II		2019				
-			16 A	· //			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00