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2019 FEB 15 PM 6: 27

C. GOLDEN FEB 2 1 2019

COVER LETTER

TO: Registration Solution of Co.		•	
SUBJECT:	SAA J I N Name of Lim	Jestments, LLC 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:	
	Sami	Del A. AKERS,	JR.
	SAAJ _	Investments, LLC Firm/Company	
	918	N 11 +h Street Address	
	Lakel	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ea	all:	
Samuel A.	AKers, JR.	ar (<u>863</u>) 940-	-1322
Name o	of Person	Area Code Daytime	e Telephone 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:

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

FILED

2019 FFR 15 PH 6: 27

SART Tr	westments. LhC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) ALLAHASSEE, FL
The Articles of Organization for this Limited Liability (Company were filed on 1/22/2019 and assigned
Florida document number <u>L 190000 Z1883</u>	<u>_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the no dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed 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>	Address	Type of Action
MGR	Shanikwa N'CSIE AKER	918 west 11th Street Laxeland, FL 33805	□ A dd
			Remove
			□ Change
MGR	Alexandra lene Aker	918 west 11th Street Lakeland, FL 33805	D Add
			Remove
			□ Change
			□ Add
			Remove
			Change
			
			Remove
		 	Change
			Remove
			Change
			Remove
			□ Change

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	<u> </u>
(If an cf	rive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	February 9th 2019.
	Signature of a member or authorized representative of a member
	3ignature of a memoer of authorized representative of a memoer
	/ Q ,
	Samuel A. Akers JR. Typed or printed name of signee

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Filing Fee: \$25.00