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SECRETARY OF ORATIONS
TO BUC -6 PH 2: 30

Name Change

AUG 1 0 2019

D CUSHING

COVER LETTER

Division of Corporations		
SUBJECT: Sabatino Grave Service, 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:		
Sabatiro Crare Service, LLC Firm/Company		
1400 EEL AWY Address		
Menute Asland, Fl. 32952. City/State and Zip Code dominic & SABATINO Cq. Com E-mail address: (to be used for future andual report notification)	191	255 255 255 255 255 255 255 255 255 255
E-mail address: (to be used for future andual report notification)	SITE	ェネ ロゴ
For further information concerning this matter, please call:	4	100 A
Worker Salutino at (321) 720-5370 Name of Person Area Code Daytime Telephone Number	PH 2: 30	1997 1987 1987 1987
Name of Person Area Code Daytime Telephone Number	30	10N2
Enclosed is a check for the following amount:		
S25.00 Filing Fee S25.00 Filin		

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

Dabalino Const Ca	Ne Dervice, LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/9 000/44286</u> .	were filed on $\frac{5/30/19}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Sabatino Equipment Servi The new name must be distinguishable and contain the words "Limited Liabil	ces, LLC
Enter new principal offices address, if applicable:	1400 Eel ave Merrett Island, FL 32952
(Principal office address MUST BE A STREET ADDRESS)	Merrite Island, FL 32952
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address 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 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
			Add
			□ Remove
			☐ Change
			☐ Add
			□ Remove
		Change	
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(If an effec Note: 1	e date, if other than the date of filing:
he reco	ord 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 _	June 31 2019
	June 31 2019. Domin Sabativi Signature of a member or authorized representative of a member
	DOMINIC SABATINO

Page 3 of 3

Filing Fee: \$25.00