19000172286

(Re	questor's Name)	
(Ad	dress)	
hA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		4085

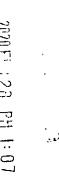
Office Use Only



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R. \VHITE MAR 0 2 2020



February 14, 2020

TYLER DAVIS 114 N TENNESSEE AVE 3RD FL LAKELAND, FL 33801

SUBJECT: SAUNDERS RALSTON DANTZLER REAL ESTATE LLC

Ref. Number: L19000172286

We have received your document for SAUNDERS RALSTON DANTZLER REAL ESTATE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00003357

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sau	ndez Ralston Da	utale Real Esta	te
	Name of Lim	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:	
·		^	
	Tyle	Name of Person	
			
	SVW S	audes Ralsha Firm/Company	Donteler
	114 N. Te	Avessee Ave, 3	1 F(
	Lal	celand, FL 338	70/
	Lauis	City/State and Zip Code OS Pd Commercial	2/. 5242
		to be used for future annual report no	
Car farther information of	concerning this matter, please c		,
			•
Tyle	Pavis	at (205) 441 - Area Code Dayti	8538
Name o	of Person	Area Code Dayti	me 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 Addre		Street Address:	
Registration Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2020 F.	28 PH 1:07	
Saunders Ralston D	Intzlu-Rea	il Estate	
(<u>Name of the Limited Liability Co</u> (A Florida Limi			
The Articles of Organization for this Limited Liability Comp			
	any were filed on	712/2011	and assigned
Florida document number $\frac{L19000172286}{L19000172286}$			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered off	fice address on our re	ecords, enter the nam	e of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	City	Florida	Zin C'orde
	Cuy		ray Com

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>	Name	Address	Type of Action
AMBR	Jack Vogel	114 N. Fennessee Ave. 3 C.F.	Xada
	114 N. Tennessee Ave. 3 d. Fl. Lakeland, Fl. 33801	□Remove	
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		□Remove	
			□Change
			□Add
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			□Remove
			□Change

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(If an eff Note;	ve date, if other than the date of filing:
the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	2/25 2020
	Signature of a member or authorized representative of a member
	Cay Ralston Typed or printed name of signee

. . •

Filing Fee: \$25.00