

L19000 211493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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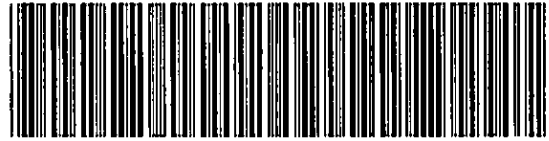
(Business Entity Name)

(Document Number)

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Amend

JUN 15 2020

D. CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SASH PROPERTIES LLC

**SUBJECT:** \_\_\_\_\_  
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:

SYAMALA PALLI

\_\_\_\_\_  
Name of Person

SASH PROPERTIES LLC

\_\_\_\_\_  
Firm/Company

1274 GARRISON DR

\_\_\_\_\_  
Address

SAINT AUGUSTINE, FL 32092

\_\_\_\_\_  
City/State and Zip Code

REALSAMPALLI@GMAIL.COM

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

For further information concerning this matter, please call:

SYAMALA PALLI

904

806-8808

\_\_\_\_\_  
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

20 MAY 26 PM 3:25

FILED  
SECRETARY OF  
STATE  
TALLAHASSEE, FL

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

SASH PROPERTIES 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 08/19/2019 and assigned  
Florida document number 119000211453

This amendment is submitted to amend the following:

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

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)

1274 GARRISON DR

SAINT AUGUSTINE, FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1274 GARRISON DR

SAINT AUGUSTINE, FL 32092

**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:

SYAMALA PALLI

New Registered Office Address:

1274 GARRISON DR

*Enter Florida street address*

SAINT AUGUSTINE

Florida

32092

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SYAMALA PALLI	1274 GARRISON DR	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE	<input type="checkbox"/> Remove
		FL 32092	<input type="checkbox"/> Change
AMBR	ANUPAMA BADANA	1274 GARRISON DR	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE	<input type="checkbox"/> Remove
		FL 32092	<input type="checkbox"/> Change
MGR	JOAN P PALMER	6260 DUPONT STATION CT E, STE C	<input type="checkbox"/> Add
		JACKSONVILLE	<input checked="" type="checkbox"/> Remove
		FL 32217	<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
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			<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 May 22, 2020

SYAMALA PALLI

Typed or printed name of signee