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(Re	questor's Name)	
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(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
CUD ID		ENT - NAME CHANGE			
SUBJEC	CT:		rited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		GARY COOPER			
			Name of Person		
		COOPER FORENSICS A	ND TAX		
Firm/Company					
11835 SOUTH BAYPOINT CIRCLE					
			Address		
PARKLAND, FL 33076					
		<del></del>	City/State and Zip Code		
		GARY@COOPERFOREN			
		E-mail address: (	to be used for future annual report notific	ation)	
For furth	er information c	oncerning this matter, please ca	all:		
GARY (	COOPER		at (		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	ne following amount:			
\$25.0	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:

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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

SARSAM LIBERTY, LLC	
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.)  Sany)
The Articles of Organization for this Limited Liability Company were filed or	on 09/10/2019 and assigned
Florida document number L19000228809	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
SARSAM LTAX GREENACRES, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	<u>5</u> 6 <b>1</b>
Principal office address MUST BE A STREET ADDRESS)	
	2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	₩
	5
3. If amending the registered agent and/or registered office addre egistered agent and/or the new registered office address here:	ss on our records, <u>enter the name of the r</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er 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
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			☐ Remove
			Change
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			□ Remove
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo occument's effective date on the De	be specific and canr ck does not meet	not be prior to the applicab	date of filing or	more than 90 da ing requiremer	(optional) ys after filing.) Pu its, this date wil	rsuant to 605.0207 not be listed as
e record specifies a delayed The 90th day after the reco	effective date rd is filed.	, but not a	an effective	e time, at 12	:01 a.m. on	the earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00