## L20000109371

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to  MCIAC  M; -I  ALM  A	Filing Officer: 5/5/p0 Inda Charass

Office Use Only



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> MAY 2.1 2020 I ALBRITTON

## **COVER LETTER**

Division of Cor	porations			
SUBJECT:	), Dres Eng Name of Lim	Provises, LC ited Kiability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	•.	Name of Person  Enleyr Ses		
		SF Peach Tr. Address  Chty/State and Zip Code		5/e 4 11/4 5//6
	S. Dress.	Otty/State and Zip Code  To be used for fujfire annual report notifi	Cogmail.	, Gr
For further information e	oncerning this matter, please ca	all:		
Mamada Name of	M. M. CKELL Person	at ( <u>941) 226</u> Area Code Daytime	3637 Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	El \$30.00 Filing Fee & Certificate of Status	[I \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address</u>	<u>«</u>	Street Address:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



May 19, 2020

MARANDA M. MITCHELL 400 WEST PEACHTREE ST SW STE. 4 - UNIT 5116 ATLANTA, GA 30127

SUBJECT: SIDRES ENTERPRISES, LLC

Ref. Number: L20000109371

We have received your document for SIDRES ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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: 320A00010127

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of Companytions, D.O. DOV 6207, Tallahanna, Florida 2021

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZAT	ION 20 · ·
OF '	COMMENT CO
(Name of the Limited Liability Company acit now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	4/22/2020 and assigned
Florida document number <u>L2000 109</u> 371	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her  Si Des Enter Drises (CC)	2
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	
(Principal office address MUST BE A STREET ADDRESS) Ste 4	10est Peach Tree St. Sw 1_Unit 5/16 1a, 64.30308
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  By Cocke	14th AVE FAST
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, enter the name of the new registered
Name of New Registered Agent: Mararda M	Mitchell
New Registered Office Address: 2/15 14th AUE  Enter Flori	EAST- du street address
Bradentin	EAST- du street address Florida <u>34208</u> Zup Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules 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. Thereby 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>	Name	Address	Type of Action
MGË	Marriade M. Mitchell	2115 14th AUE ENST. Bricherton, Fl. 3420	Zivila S
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effective <u>e:</u> If th	late, if other than the e date is listed, the date must e date inserted in this blo effective date on the De	the specific and ca ock does not me	annot be prior to d let the applicabl	late of filing of moi	optice than 90 days after requirements, this	filing.) Pursuant to 6	05.0207 (3)d sted as the
ord spe filed.	cifies a delayed effective	2 date, but not ar	n effective time	, at 12:01 a.m. or	the earlier of: (b	) The 90th day at	ter the
ed	04/29/20	) <u>)</u> 0	$\leftarrow$	-	<u></u>		
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Filing Fee: \$25.00