

120000152018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

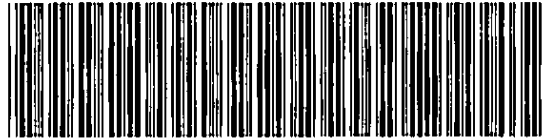
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/18/22--01031--021 ++25.00

2022 APR 18 PM 1:09
STATE OF FLORIDA

15:09

5/31/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANIPRO PARTNERS, 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:

SCOTT J. WEISELBERG
Name of Person
KOPELOWITZ OSTROW, PA
Firm/Company
1 WEST LAS OLAS BLVD, SUITE 500
Address
FORT LAUDERDALE, FL 33301
City/State and Zip Code
WEISELBERG@KOLAWYERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT J. WEISELBERG 954 5254100
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2022 APR 18 PM 1:09

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated April 7, 2022

Typed or printed name of signee

Filing Fee: \$25.00