L20000 224185

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	•
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			. •
Saban LLC		•	·
SUBJECT:	Name of Lim	ited Liability Company	11734
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nurdan Saban		
		Name of Person	
	Saban LLC		
		Firm/Company	
	5001 Bridge Street Apt 22	10	
		Address	
	Tampa, FL 33611		
		City/State and Zip Code	
	Nurdansaban@gmail.com	to be used for future annual report noti	7
For further information c	concerning this matter, please of	·	ncanon)
Andreea Wildner	-	727 992-0489	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

202170 - 31 FM 12: 34

Saban LLC

	iability Company were fi	led on	and assigned
Florida document number L20000224185	·		
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liability cor	mpany here:	
N/A			
The new name must be distinguishable and contain the	words * Limited Liability Comp	pany." the designation "L.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	eable: N/A		
(Principal office address MUST BE A STREI	ET ADDRESS)		
			
Enter new mailing address, if applicable:	N/A	.	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			_
			_
agent and/or the new registered office addre	Timucin Saban	on our records, <u>enter t</u> l	_
agent and/or the new registered office addre	ess here:	on our records, <u>enter t</u> l	_
agent and/or the new registered office addre	Timucin Saban	on our records, enter the control of	ne name of the new registere
	Timucin Saban 5001 Bridge Street Apt	on our records, enter the control of	_
agent and/or the new registered office addre	Timucin Saban 5001 Bridge Street Apt Tampa	on our records, enter the control of	ne name of the new registere

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

	variorized (vicinite)		2320 AL 1131	Dura -	
Title	Name	Address	• 1	11 12: 34	Type of Action
MGRM	Timucin Saban	5001 Bridge Str	reet Apt 2210, Tampa	a, FL 33611	= Add
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		 ,			□Add
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					□Add
					□Remove
					Change

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Filing Fee: \$25.00