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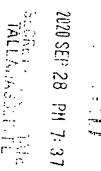
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COVER LETTER

 Division of Corpo 	rations		
SUBJECT:	Sarasata II	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Aengus DH		
		Firm/Company	
	2525 49th	S † Address	
	<u> Marasota</u> F	City/State and Zip Code	
			~
	t (1 by SINES	to be used for future annual report notifi	
For further information cond	cerning this matter, please ca		2020 SEP 28
AZIGUS DIF	reson	at (<u>941</u>) <u>333-4</u> Area Code . Daytime	705 P 73
Enclosed is a check for the f	ollowing amount:		
図 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(1) Collaboration of the colla	miled Calonity Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on (9/03/20	and assigned
Florida document number <u>L20000276674</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the n</u>	E 11 20 SEP 28
New Registered Office Address:		7 (1) 21 (1)
	Enter Florida street address , Florida	7:37
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	•
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of	uplete performance of my duties, and I a nt as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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
AMER	Jacob Pilz	6815 baybill drive	□Add
		Lakewood lanch, Fl	□Remove
			ZiChange
AMBR	Aengus Diffenderter	2626 40th St	
		Sarasota, Florida	□Remove
			(X)(Change
			□Add
			□Remove
			□Change
			FASdd ALL Remove Remove
			Remove 2
			⊞hange 3 Add
			□Remove
			□Change
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record specifies a d is filed.								0th day	after th
Dated Scot	icmbe(31	. <u>303</u>	<u>.O</u> .					
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Filing Fee: \$25.00