

3/17/2021

Division of Corporations

H200038253

Florida Department of State
Division of Corporations
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**L.L.C AMND/RESTATE/CORRECT OR M/MG RESIGN
CHAD SAKERS REALTY LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

3/18/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAD SAKERS REALTY 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

ethertees@gmail.com

E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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:
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

CHAD SAKERS REALTY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/16/2020 and assigned
Florida document number L20000328253.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAKERS REALTY GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

550 NW 56th St

Miami, FL 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3974 Annistown Rd, Apt 927

Snellville GA 30039

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Chad Sakers		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3974 Annistown Rd, Apt 927 Snellville GA 30039	<input checked="" type="checkbox"/> Change
AMBR	Ophelia Sakers		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3974 Annistown Rd, Apt 927 Snellville GA 30039	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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