h20000362704

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PICK-UP WAIT MAIL	
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	<u>.</u> 1.

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COVER LETTER

TO:

TO: Registration ! Division of Co			
	103 STREET LLC		
SUBJECT:	Name of Lim	ited Liability Company	 _
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	DAVID L. MACKAY, ES	Q.	
		Name of Person	
	·	Firm/Company	
	2801 SW COLLEGE RD.	, ,	
		Address	
	OCALA, FL 34474		2021
	david@mackaylaw.us	City/State and Zip Code	25
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	fication)
David L. MacKay		352 237-3800 at ()	
Name	of Person	Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8350 SW 102 STREET LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records,)
The Articles of Organization for this Limited L	iability Company	were filed on Nov. 16, 20	and assigned
Florida document number L20000362704	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
SANVAN PROPERTIES LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6158 SW SR 200	
Principal office address MUST BE A STREET ADDRESS)		Suite #203	
		OCALA, FL 34476	
3.4		6158 SW SR 200	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite #203	N Page	
	OCALA, FL 34476	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre			2
Name of New Registered Agent:	JAMES F. SAN	NBORN, IV	
New Registered Office Address:	6158 SW SR 20	00, Suite #203	
		Enter Florida street	address
	OCALA		, Florida ³⁴⁴⁷⁶
		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 récords:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	FRANK J. TONA	8439 SW 104 PLACE	
		OCALA, FL 34481	
			□ Change
		 	
			□Remove
			□ Change
			—————————————————————————————————————
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to dat	(optional) to of filing or more than 90 days after filing.) Pursuant to 605
: If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, a filed.	at 12:01 a.m. on the earlier of: (b) The 90th day afte
JANUARY 2021	
1 1 (1)	

Typed or printed name of signee