121000024648

(Re	questor's Name)	
(Ad	dress)	
(Ad	(dress)	
(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE OF

COVER LETTER

TO:

TO: Registration So Division of Cor			
SAINT LO	T ENTERPRISES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ЛЮО ST.LOT		
		Name of Person	
	SAINT LOT ENTERPRIS	ES, LLC	
		Firm/Company	-
	8910 MIRAMAR PKWY	#101 A	
		Address	
	MIRAMAR FL 33025		
	· · · · · · · · · · · · · · · · · · ·	City State and Zip Code	 -
	NEWHOPEONES@GMAI		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
954 914 9251	-		
Name o	of Person	954 914 9251 at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT LOT ENTERPRISES, LLC	ir non appears on our record	<u> </u>
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on our record ed Liability Company)	<u></u> '
The Articles of Organization for this Limited Liability Compa		
Florida document number L21000024648		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
INO SAINT LOT ENTERPRISES, LLC	The Leimanian H I C	or the abbreviation "L.L.C."
INO SAINT LOT ENTERPRISES, LLC The new name must be distinguishable and contain the words "Limited L	lability Company, the designation trix	of the anne control
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	.)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records. <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	POWN
	.!	FloridaZip Code
	Cny	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 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>	Name	Address	Type of Action
•			
			□Remove
			Change
			□Add
			□Remove
•	•		Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			[] Change
			□Add
		□Remove	
			□Change
			□Remove
			DChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	<u> </u>
E. Effective date, if other than the date of filing:	ant to 605,0207 (3)d of be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th record is filed.	day after the
Dated 10 - 09 . 2022	
Signature of a member or authorized representative of a member	
JINO 6T. Lot Typed or printed name of signee	

Filing Fee: \$25.00