Division of Corperations Division of Corporations ectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARVER PROPERTIES LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARVER PROPERTIES 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 01/14/2021and assigned Florida document number L21000031658 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 OF FICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u></u>

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	
MGR_	Benny C. Walker	7901 4TH ST N STE 300	☑ Add	
		STE 300	□ Remove	
		ST. PETERSBURG, FL 33702	☐ Change	
MGR	Michael P. Sheehan	7901 4TH ST N STE 300	🛮 Add	
		STE 300	□ Remove	
		ST. PETERSBURG, FL 33702	☐ Change	
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ocument's effective date on the	Department of State's records.			
	yed effective date, but not	an effective time, at 1	2:01 a.m. on the earl	lier of:
The 90th day after the r	ecord is filed.			
ated 3/05	2021	<u> </u>		
ated				

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Typed or printed name of signee

Filing Fee: \$25.00