121000230570

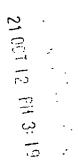
	questor's Name	<u> </u>
(questor o riamo,	,
(Ad	dress)	
V 1.2	-,000,	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
☐ PICK-UP	□ wait	☐ MAIL
		—
	siness Entity Na	ima)
(Bu	Silless Littly Na	ime,
(Do	cument Number	•)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		,
		10/21/21
		TM
		1111

Office Use Only



100374756951

10/12/21--01047--013 **60.00



COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: SGRASEA LIFESTYLES, CCC 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:
Robert W. BERRY Name of Person
SARASEA LIFESTYCES CCC.
8249 Shooting Stan Rd
SarASota FC. 3424/ City/State and Zip Code
City/State and Zip Code RB14150216 9 MAil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S41)
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) □ \$55.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

ARTICLES OF O	PRGANIZATION " page 3: 19
O	PRGANIZATION 21 GET 12 PH 3: 19
SARASEA	+ LIFESTYLLS, LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on MAY 18, 2021 and assigned
Florida document number <u>L2100033</u> 05	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
2//4	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
	,
Enter new mailing address, if applicable:	NA
(Mailing address MAY BE A POST OFFICE BOX)	/-
B. If amending the registered agent and/or registered office a	addraws on our records output the name of the new recistered
agent and/or the new registered office address here:	duress on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	A
′ /	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

COLVER 13: 15

AMBR = Aut	horized Member	21 001 12	
<u>Title</u> VP	Mame TAYOR Reel	Address 8249 Shooting Stan. Rd Soraschen, Fr. 34241	
CeO/ President	Robertw.Berry	8349 Shooting Starron Sarasata, Fr. 3424/	
			_ □Change _ □Add
			_ □Remove _ □Change
·····			_ □Add _ □Remove _ □Change
			_ □Add
			_ □Change _ □Add
			_ □Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if nevelsary.)
(If an e <u>Note</u>	ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
f the rec ecord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	a October 5 . 2021.
	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized epresentative of a memoer -
	Typed or printed name of sighee

Filing Fee: \$25.00