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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SATTAINABLE 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:

LINSEY OESTERLUND

Name of Person

SATTAINABLE LLC

Firm/Company

364 NE 7TH ST

Address

BOCA RATON FL 33432

City/State and Zip Code

LINSEYOESTERLUND@YAHOO.COM

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

For further information concerning this matter, please call:

VICTORIA CEDWARDS

Name of Person

at (561) 613 3668

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 NOV 30 PM 12:50

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SATTAINABLE 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 MAY 21ST 2021 and assigned Florida document number L21000236847

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)

364 NE 7TH ST

BOCA RATON FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

102 NE 2ND ST #503

BOCA RATON FL 33432

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:

VICTORIA CAITLYN EDWARDS

New Registered Office Address:

102 NE 2ND ST # 503

Enter Florida street address

BOCA RATON

City

Florida

33432

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>
MGR	VICTORIA C EDWARDS	364 NE 7TH ST	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SABRINA RIBACK	16908 PAVILION WAY	<input type="checkbox"/> Add
		DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN RIBACK	16908 PAVILION WAY	<input type="checkbox"/> Add
		DELRAY BEACH FL 33466	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE FL
COUNTY CLERK'S OFFICE

2021 NOV 30 PM 12:50
FALLA, J. J.

2021 NOV 30 PM 12:50
TALLA

(If an 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)(b)

Dated _____, _____

Signature of a member or authorized representative of a member

LINSEY OESTERLUND

Typed or printed name of signee

Filing Fee: \$25.00

Dear Sir/Madam,

Please find attached the requested change of authorized members and registered agent for Sattainable LLC.

The contact telephone is (561) 613-3668 and (561) 287-2943. The mailing address is:-

364 NE 7th St, Boca Raton FL 33432.

If you require anything further please do not hesitate to contact me.

Thank you,

Linsey Oesterlund

A handwritten signature in black ink, appearing to read 'Linsey', with a long, sweeping horizontal stroke extending to the right.