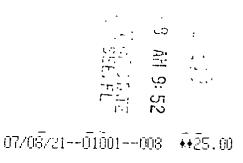
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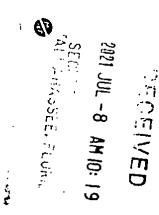
	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of 3	Status			
Special Instructions	s to Filing Officer:				

Office Use Only



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JUL , & 2021

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Sauko Name of Limit	No Realty ed Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Jean-	Marc Atl. Name of Person	sine_
		Firm/Company	
	752	1 Ning 8 For	ct
	Talla	Lassee, F City/State and Zip Code	<u> 6 32303</u>
	Saikonot E-mail address: (to	ealty e gmail. Co be used or futurgannual report noti	fication)
For further information co	oncerning this matter, please cal	•	·
Sean-N	arc Arisme	at (<u>850</u>) <u>40</u> .	5 - 9 4 2 4 e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Si	riko	$N_{\mathcal{O}}$	Red	Ufu	1	LC	_	
(Name of the Limited	Liability Com Florida Limite	i <mark>pany as it no</mark> d Liability Co	w appears impany)	on out rec	ords.)		_	
The Articles of Organization for this Limited Liability Company were filed on June 02, 2021 and assigned Florida document number <u>L21000257040</u>								
This amendment is submitted to amend the follow	ving:							
(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								
The new name must be distinguishable and contain the wor	rds "Limited Lia	ıbility Compa	ny," the de	signation "L	.LC" or th	e abbreviat	ion "L.I.	C."
Enter new principal offices address, if applical	ble:							
(Principal office address MUST BE A STREET	ADDRESS)							
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>						<u></u> .	
							11	
B. If amending the registered agent and/or res	zistered offic	e address o	n our re	cords, ent	er the n	ame of th	 ne 'n∂ w	registered
agent and/or the new registered office address	here:			,		17.17		
						(*)		
Name of New Registered Agent:								
New Registered Office Address:								
		ı	Enter Florid	la street ada	lress			
				,	Florida			
		_				Zip	Code	
provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	· and comple ered agent a gistered offi	te perform s provided	ance of n for in Cl	ny duties, hapter 60	and I a 5, F.S. (m familio Or, if this	ar with docum	and nent is

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>	Name	Address	Type of Action
AMBR	Jean-Marc Arisme	752 livingston et	XAdd
		752 livingston ct Tallahassee, FL 32303	□Remove
			□Change
			□Add
		<u>. </u>	□Remove
			Change
			□Add
			□Remove
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Effective date, if other an effective date is listed, the state inserted locument's effective date.	d in this block does	not meet the appl	icable statutory !	(o) or more than 90 days a iling requirements,	otional) fter filing.) Pursuant t this date will not b	o 605.0207 (e listed as t
record specifies a delay l is filed.	ed effective date, b	ut not an effective	time, at 12:01 a.	m, on the earlier of	(b) The 90th day	' after the
ated JU	ly 8	202 Jum of Grienber or aut	<u>1</u> M	Q		
-	Signature	of a member or au	////www.	Hve of a member		_
	٠	Saan M	arc A	Hve of a member L/S ML e		

Filing Fee: \$25.00