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DIVIUM OF TORATIONS
TALLAHASSEE FLORIDA

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## **COVER LETTER**

Division of Cor	porations		
SAI MAR	IANNA LLC		
	Name of Limi	ited Liability Company	<del></del>
	Amendment and fee(s) are sub-		
Please return all correspo	indence concerning this matter	to the following:	
	STACY SMALL		
		Name of Person	
	SMITH THOMPSON SHA	AW	
		Firm/Company	<del></del>
	3520 THOMASVILLE RC	OAD - 4TH FLOOR	
		Address	<del></del>
	TALLAHASSEE, FL 3230	)9	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
STACY SMALL		850 893-4105	
Name o	f Person	Area Code Daytim	e 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)

Registration Section

TO:

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

SAI MARI	IANNA LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan	y were filed on AUGUST 3	, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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 OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag	gree to act in this capacity	. I further agree to comply with ti

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>	Name	Address	Type of Action
MGR	CHIRAGBHAI B. PATEL	2086 FL-71	<b>≅</b> Add
	,	MARIANNA, FLORIDA 32448	□Remove
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fective date, if other than the date of filing:    (optional)					
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A J Petel		date, but not an effective th			
Signature of a member or authorized representative of a member	is filed.	2021			
	is filed.	2021	_·		

Filing Fee: \$25.00