

K21000403121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

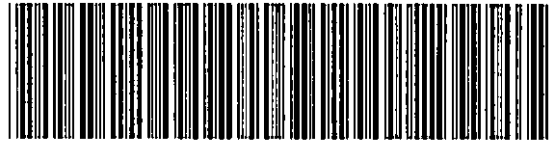
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900399357489

12/29/22--01005--030 ++25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 DEC 29 PM 1:11

FILED

K2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAC XV 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:

Heather M. Reynolds, Esq.

Name of Person

Hathaway & Reynolds, PLLC

Firm/Company

50 A1A North, Suite 108

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

essex@essexproperty.us

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

RECEIVED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
2022 DEC 29 PM 1:11

For further information concerning this matter, please call:

Heather M. Reynolds, Esq.

904

280-5575

at ()

Name of Person

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

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

SAC XV 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 9/10/2021 and assigned
Florida document number L21000403121.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE 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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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	Sally A. Carroll	PO BOX 2690	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Cornelius X Carroll	PO BOX 2690	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cornelius X Carroll	PO BOX 2690	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Cornelius X Carroll, Jr.	PO BOX 2690	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cornelius X Carroll, Jr.	PO BOX 2690	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 DEC 29 PM 11
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2022 DEC 29 PM 11:11
STAFFORD
HALLANDALE, FLORIDA

E. Effective date, if other than the date of filing: December 31, 2022 5:00PM (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 22, 2022

Cornelius X. Canoll

Signature of a member or authorized representative of a member

CORNELIUS X. CARROLL

Typed or printed name of signee

Filing Fee: \$25.00