## haa 000096957

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100392037801

08/08/22--01019--012 \*\*25.00

2072 AUG -8 PM 4: 20 SEC LEBANA SEER FI

ones Allo - A PM L:

## **COVER LETTER**

TO: Registration Section

Div	ision of Cor	porations			
0115 113 227	Saito Facili	ty LLC			
SUBJECT:		Name of Lim	ited Liability Company		<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ndence concerning this matter	to the following:		
		Crystal Wong			
		<u> </u>	Name of Person		
		Accounting & Business Co	onsultants LLC		
			Firm/Company		
		2962 Trivium Circle, Ste 1	01		
			Address		
		Fort Lauderdale, FL 33312			
			City/State and Zip Code		
		crystal@aabconline.com  E-mail address: (	to be used for future annual r	report notification)	
For further i	nformation c	oncerning this matter, please ca		•	
Jennifer Wi	nth			-6045	
	Name o	f Person	at () Area Code	Daytime Telephone	Number
Enclosed is	a check for th	ne following amount:			
<b>=</b> \$25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	iling Addres		<u>Street Ad</u> Registra	dress: tion Section	
Division of Corporations		Division	Division of Corporations The Centre of Tallahassee		
	D. Box 632 Ilahassee, I			itre of Tallanassee Monroe Street, S	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2072 AUG -8 PM 4: 20

Zip Code

Saito Facility LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			CHEROMOSEE, FE
The Articles of Organization for this Limited Liab	oility Company were fil	led on February 23, 2022	and assigned
Florida document number L22000096957	<del></del> .		
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	he limited liability cor	npany here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Comp	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:		<u> </u>
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address    Name of New Registered Agent:  New Registered Office Address:			me of the new registered
		Enter Florida street address	
		, Florida	

## 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.

City

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>	Address	Type of Action
AMBR	Vananh Lee	2962 Trivium Circle, Suite 101	■Add
		Fort Lauderdale, FL 33312	□Remove
			□ Change
			□Add
			□Remove
		<del> </del>	Change
	<del></del>		□Add
		<del></del> -	□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
		<u>.                                      </u>	□Change

<del></del>	·			
				_
		_		
			_	
			-	_
		<del></del>		_
				_
	<del></del>			
		그(F.	2022	
		<u> </u>	2 AUG	
	<u>.</u>	<u>≥</u> 57	<u> </u>	ا به محصد
		RY SA	<u> </u>	- Carrier
			<u> </u>	
		<u> </u>	<u>+:</u>	
		<del>-</del> .	0	
ffective date, if other than the date of filing:	(option	al)		
an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after fil	ing.) Purs	suant to 6	605.020 isted a
ocument's effective date on the Department of State's records.	maiory minig requirements, tins a	AC WIII	not be i	isted a
record specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90t	h day at	fter the
l is filed.				
Signature of a member or authorized to				
alcu <u>Cuiptur</u> , <u>octoo</u> .				

Typed or printed name of signee