L22000270644

| (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: |
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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

| TO: Registration Se Division of Cor | | | • | | 7 |
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| | TERPRISE LLC | | , | • | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | indence concerning this matter | to the following: | | | |
| | ARLEN RODRIGUEZ | | | | |
| | | Name of Person | | - | |
| | EBYAR PROFESSIONAL | OFFICE SERVICES | | | |
| | | Firm/Company | | - | |
| | 2989 W STATE RD 434 S | SUITE 400 | | | |
| | | Address | - | - | |
| | , | | | | |
| | CITE VIID VIOCOVALI | City/State and Zip Code | | 3EC 3EC | |
| | SITEAYUDAMOS@YAH E-mail address: (| to be used for future annual report notificat | ion) | R AU | *1 |
| For further information c | oncerning this matter, please c | all: | | 2022 AUG 11 SECRETARY TALLAHAS | |
| ARLEN RODRIGUEZ | | 407 6920101 ' | | AM 9: OF STA SEE, FI | Î |
| Name o | f Person | | lephone Number | 6 16 | - |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | iling Fee. ite of Status & I Copy I copy is enclosed) | | | | |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Section | าก | | |
| Division of C | | Division of Corpor | rations | | |

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAILIN ENTERPRISE LLC

| /Name of the Limited Linbility Com | pany at thou appear on our records) |
|---|--|
| (A Florida Limite | i <mark>pany as it now appears on our records.</mark>) ed Liability Company) |
| The Articles of Organization for this Limited Liability Comparison of the Liability Comparison of the Lagrangian $\frac{L22000270644}{L22000270644}$. | ny were filed on 06/14/2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lis | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lia | ability 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 offic agent and/or the new registered office address here: | TALLARY OF SOFT SOFT SOFT SOFT SOFT SOFT SOFT S |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Florida |
| | City 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 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

| Tit <u>le</u> | <u>Name</u> | Address | Type of Action |
|---------------|----------------|------------------------|---|
| AMBR | ABRAHAM LABOWZ | 2228 S PENINSULA DR. | = Add |
| | | DAYTONA BEACH FL 32118 | □Remove |
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| fective date, if other tha | n the date of fi | ling: | | | (opt | ional) | |
| n effective date is listed, the da ote: If the date inserted in t | ite must be specific his block does n | and cannot be of meet the a | pplicable stat | filing or more atory filing re | than 90 days affo quirements, 11 | er filing.) Pursua iis date will no | nt to 605.01 t be listed |
| cument's effective date on | the Department | of State's rec | ords. | | | | |
| ecord specifies a delayed et | fective date, but | not an effect | ive time, at 1 | 2:01 a .m. on t | he earlier of: (| (b) The 90th | lay after t |
| is filed. | | | | | | | • |
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| | 14/4/2 | | authorized rep | | | | |

Filing Fee: \$25.00

Typed or printed name of signee