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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2023 DEC 11 PM 4: 19
SECRETARY OF STATE

Office Use Only

COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
SUBJECT: <u>S</u> O	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	yasmine	Randall Name of Person	
	Sadity	Firm/Company	2023 DEC 1 SEGRETA
	55 W Cr	NCh St APT C	103 第二十二
	orlando	FL 3280 City/State and Zip Code	
	Vasmine E-mail address:	Monica ayay	Cation)
For further information of	oncerning this matter, please ca	all:	
Vasmine Name o	Dandai) f Person	at (<u>321</u>) <u>437 L</u> Area Code Daytimo	Telephone Number
Enclosed is a check for the	ne 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 9 Division of Control P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Second Division of Corporate Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sadity Ga	1 LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $L235003015$	ompany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
	207
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the interest attended in "L.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	19 · 19
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	Yosmine Randall	55 W Church St	🗆 Add
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		FL	@Change
			□ Add
			□Remove
		SECRE PARY	□Change ```↓ □ 2 dd
		ARY U.S.	□Remove
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te: If the date inserted in this cument's effective date on the				ng requirements.	this date	will not be	listed a
ecord specifies a delayed effectis filed.	tive date, but not	t an effective ti	me, at 12:01 a.m.	on the earlier of	f: (b) Th	e 90th day	after the
ted 12/04/23		,	<u> </u>				
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1/1/16							