(Requestor's Name)	
(Address)	
(Address)	20041068
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/14/2301016
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
	•
Office Use Only	



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COVER LETTER

TO: Registration S Division of Co			
2414. 15 55	Sable, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Ciara Butler		
		Name of Person	
		Firm/Company	
	5543 Tower Woods Trail		
	-	Address	
	Tallahassee FL 32303		
		City/State and Zip Code	
	ciara1.butler@gmail.com E-mail.address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c		
Ciara Butler		850 339-7361 at ()	
Name	of Person	Area Code Daytim	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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7612 LOV
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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.

Cin

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
MGR	Ciara Butler	5543 Tower Woods Trail Tallahassee, Fl. 32303	= Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□ Add
		□Remove	
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do a marganet and of the control of	date, but not an effective t	ime, at 12:01 a.m. on the c	earlier of: (b) The 90th day	y after the
document's effective date on the Dep	partment of State's records			
Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo	date of filing: be specific and cannot be prior sek does not meet the applic	to date of filing or more than	(optional) 190 days after filing.) Pursuant	to 605,0207 (3
				