

L23000486092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

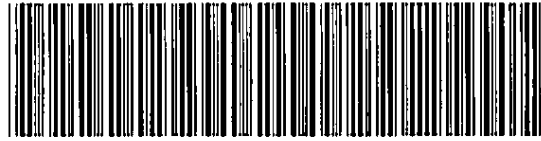
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S. CHATHAM
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TALLAHASSEE, FL

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CLERK OF SUPERIOR COURT
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TALLAHASSEE, FLORIDA

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(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/08/2023

Acc#I20160000072

en: c DW

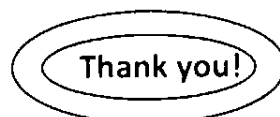
Name:	SAVE-ON ENTERPRISES OF SARASOTA, LLC
Document #:	
Order #:	15211382

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
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Availability _____
Document _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAVE-ON ENTERPRISES OF SARASOTA, 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:

BRAD LEWIS
Name of Person
SAVE-ON ENTERPRISES OF SARASOTA, LLC
Firm/Company
5100 W. KENNEDY BLVD., SUITE 325
Address
TAMPA, FL 33609
City/State and Zip Code
BLEWIS@SUNRISELANDSCAPE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRAD LEWIS at 813 454-8569
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SAVE-ON ENTERPRISES OF SARASOTA, 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 OCTOBER 26, 2023 and assigned
Florida document number L23000486092.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

5100 W. KENNEDY BLVD.

SUITE 325

TAMPA, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5100 W. KENNEDY BLVD.

SUITE 325

TAMPA, FL 33609

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.

David Westcott Asst. Secty.

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	JOSEPH GONZALEZ	750 N. RIVER ROAD	<input type="checkbox"/> Add
		VENICE, FL 34293	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANK FRISTNER	158 E. TAMPA AVENUE	<input type="checkbox"/> Add
		VENICE, FL 34285	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AUSTIN ASHMORE	5100 W. KENNEDY BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 325	<input type="checkbox"/> Remove
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Change
MGR	BRAD LEWIS	5100 W. KENNEDY BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 325	<input type="checkbox"/> Remove
		TAMPA, FL 33609	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE ADD THE EIN TO SUNBIZ. EIN = 65-0238465

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TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: _____ (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 NOVEMBER 8, 2023



Signature of a member or authorized representative of a member

BRAD LEWIS

Typed or printed name of signee

Filing Fee: \$25.00