## L24000086336

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor	porations		•		,
SUBJE	ст. <i>5</i> /	4/155	WATCH	Servic	e134 SARRAH	160
	<u> </u>	Na	me of Limited Liability	у Сотрапу		
The enc	losed Articles of .	Amendment and fee(	s) are submitted for t	filing.		
		ndence concerning th		~		
			もの.	JARDO P.	SAKRAGE	
			Name	e of Person		
			Firm	/Company		
		41.		JH CT		
		<del> '</del>		ddress		
		No	2th To	DET myt	7 FL 33917	
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For furtl	ner information co	oncerning this matter.		· · · · · · · · · · · · · · · · · · ·		
_ E	DU270	P. Sarv	at (	305,467-	3777	
	Name of	rerson	٦	vrea Code Daytim	ne Telephone Number	
Enclosed	I is a check for th	e following amount:				
□ \$25.	00 Filing Fee	□ \$30.00 Filing F Certificate of S	Status Cert	00 Filing Fee & ified Copy tional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S			Street Address: Registration Sec	ction	
	Division of Co	orporations		Division of Cor	porations	
	P.O. Box 6327 Tallahassee, F			The Centre of T 2415 N. Monro	allahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SWSS WATCH Se,	vice by Sarvake
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears op our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400004334</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4121 ETNA CT
(Principal office address MUST BE A STREET ADDRESS)	NORTH FORTMYEVS  FL 33917
Enter new mailing address, if applicable:	4121 ET NA CT
(Mailing address MAY BE A POST OFFICE BOX)	NORTH FORT MYRS
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	FOUARDO P. SarlahF
New Registered Office Address:	FDJARDO P. SAVIAKE  4121 ET NA CT  Enter Florida street address
Nope	THE FORT MEKS Plorida 33917  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>'</u>

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 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>	Name	Address	Type of Action
AMBR	JAREMIS SAVIAH	+085 VILLA DOLLAGT	
		NORTH FORT NYERS	Remove
		FL 33917	□ Change
AMBR	EDVARDO F. SARRAY.	4 4/21 ETHA CT	<b>≫</b> ∕√dd
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July 18, 2024

EDUARDO SARRAFF 4121 ETNA CT NORTH FORT MYERS, FL 33917

SUBJECT: SWISS WATCH SERVICE BY SARRAFF LLC

Ref. Number: L24000086336

We have received your document for SWISS WATCH SERVICE BY SARRAFF LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00015679

www.sunbiz.org