

L24000384327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

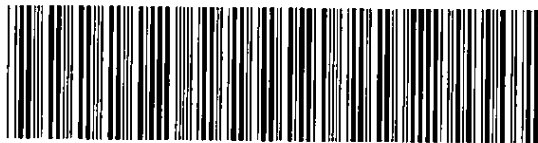
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000437774570

LLC Amend

10/16/24--01012--009 **25.00

FILED
2024 OCT 16 AM 11:18
CLERK OF COURT
JANUARY 1, 2025

A. RAMSEY

NOV 4 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABBISGOOD 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:

SABINE LOUIS
Name of Person

Firm/Company

2541 TRINIDAD RD
Address

HAINES CITY FL 33844
City/State and Zip Code

SABBISGOOD1227@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABINE LOUIS at (407) 936 5251
Name of Person Area Code Daytime 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
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

SABBISGOOD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 OCT 16 AM 11:18

The Articles of Organization for this Limited Liability Company were filed on 09/03/2024 and assigned Florida document number 224000384327.

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)

2541 Trinidad Rd
Haines City FL 33844

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

SABINE LOUIS

New Registered Office Address:

2541 Trinidad Rd

Enter Florida street address

Haines

City

Florida

33844

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.

MGR = Manager
AMBR = Authorized Member

[illegible]

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

I forgot to add my self as AUTHORIZED member

AMBR- Sabine LOUIS

2541 Trinidad Rd Haines City FL 33844

4079365051


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 10/02/2024


Signature of a member or authorized representative of a member

SABINE LOUIS

Typed or printed name of signee

Filing Fee: \$25.00