

M20 0000 11235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

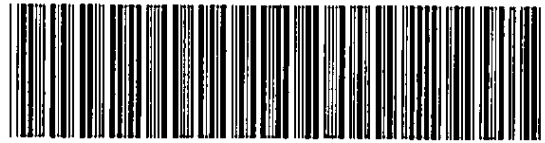
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400364263324

04/20/21--01030

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9891  
25.00

8:07

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sabre Analysis, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Lopez

\_\_\_\_\_  
Name of Person

Sabre Analysis, LLC

\_\_\_\_\_  
Firm/Company

4700 Millennia Blvd., Suite 270

\_\_\_\_\_  
Address

Orlando, FL 32839

\_\_\_\_\_  
City/State and Zip Code

Robert@Sabre.cc

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Lopez

at (407) 378-4036

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Sabre Analysis, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX

2021 APR 20 PM 8:07  
FILED  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M20000011235

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/4/2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

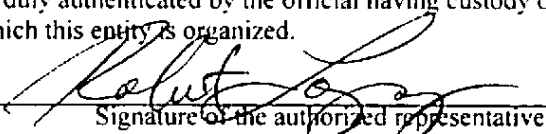
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

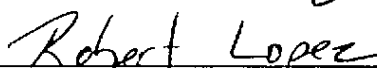
<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Sabre Venture's Inc.	4700 Millenia Blvd., Ste 270	<input checked="" type="checkbox"/> Add
		Orlando, FL 32839	<input type="checkbox"/> Remove
MBR	Stanley Chao	4700 Millenia Blvd., Ste 270	<input type="checkbox"/> Add
		Orlando, FL 32839	<input checked="" type="checkbox"/> Remove
MGR	Robert Lopez	4700 Millenia Blvd., Ste 270	<input type="checkbox"/> Add
		Orlando, FL 32839	<input checked="" type="checkbox"/> Remove
Authorize	Stanley Chao	4700 Millenia Blvd., Suite 270	<input checked="" type="checkbox"/> Add
		Orlando, FL 32839	<input type="checkbox"/> Remove
Authorize	Robert Lopez	4700 Millenia Blvd., Suite 270	<input type="checkbox"/> Add
		Orlando, FL 32839	<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2021 APR 20 PM 8:10  
Remove  
Add  
Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

  
Typed or printed name of signee

Filing Fee: \$25.00