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TALLAHASSEE, FLORID,

## **COVER LETTER**

Registration Section
Division of Corporations

DIECT.	Sark	ano.LLC	
BJECT:	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub-		
	!	Eduardo Sanchez	
		Name of Person	
		Sarkano	
		Firm/Company	
		P.O Box 22566	
		Address	
	,	Hialeah, Fl 33002	3
		City/State and Zip Code	
		info@sarkano.com to be used for future annual rep	
For further information con	cerning this matter, please ca	]	on normeation)
Eduardo Sanchez	<u> </u>	786 908-6	
Name of F	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 enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration Division of Clifton Buil 2661 Execu	Corporations Iding tive Center Circle
		Tallahassee.	, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarkano	o.LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now app iability Company	<u>ears on our records.)</u> y)	
The Articles of Organization for this Limited Liability Company of Florida document number L01000015138	were filed on	11/20/2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	ne designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			ALE
			AH AH
			ASS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			6. F.C.
			51
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		on our records, enter the	e name of the new
	Enter F	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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pakeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance rovided for in	of my duties, and I am fam n Chapter 605, F.S. Or, if t	iliar with and his document is
If Chang	ging Registered	Agent, Signature of New Registe	ered Agent

Page 1 of 3

MGR = M MBR = A	lanager Authorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
AMBR	Yaimara Perez	P.O Box 22566 Hialeah, Fl 33002	
			Remove
			☐ Change
AMBR	Eduardo Sanchez	P.O Box 22566 Haleah, Fl 33002	Add
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			Change
			Remove
			Change
		_	Add
			□ Remove
			Change
<del></del>		_	
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tive date if of	ther than the d	late of filin	ισ•			(options	ıt»
ffective date is lis	ted, the date must	be specific an	d cannot be prior			days after fili	ng.) Pursuant to 605.
	date on the Dep				mng require	nems, ms da	ite will not be liste
				t an effectiv	ve time, at	12:01 a.m	n. on the eariie
e yuth day a	fter the reco	ra is filed.	•				
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·			. 2010	=-			
				<u> </u>			
	S	ignature of a	member or author	orized representa	itive of a memi	oe:	<del></del>
			Eduardo S	l Sanchez			

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Filing Fee: \$25.00