## L07000045109

(Red	questor's Name)	<del></del>
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor					
417 Sanford	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The contract American of	Amendment and fortel are sub	mittad for filing			
	Amendment and fee(s) are sub				
Please return all correspo	indence concerning this matter	to the following:			
	John Giuliani				
	-	Name of Person	<del></del>		
	417 Sanford LLC				
		Firm/Company			
	PO Box 29			202 SE	
		Address	<del></del>	2 HON CRE	ţ-
	Sanford, FL 32772			2022 HOV 17 PH 3: In SECRETARY SEE TH	
		City/State and Zip Code		, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	Jglandmark@yahoo.com			HO W	•
		to be used for future annual report notifica	ition)		
For further information c	oncerning this matter, please c	all:		ויו	
John Giuliani		407 448-9471 at ()			
Name o	f Person	Area Code Daytime T	elephone Number		
Enclosed is a check for the	he following amount:				
	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
<u>Mailing Addres</u> Registration : Division of C	Section	<u>Street Address:</u> Registration Secti Division of Corpo	orations		
P.O. Box 632	27	The Centre of Tal	lahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

417 Sanford LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number L07000045109	ompany were filed on 10/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation EL.C."
Enter new principal offices address, if applicable:		750 P2 F13
(Principal office address MUST BE A STREET ADDR	ESS)	177 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		[T]
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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 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>	Address	Type of Action
MGRM	Giuliani, James	PO Box 29, Sanford, FL 32772	□Add
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ective date, if other than to be effective date is listed, the date i	must be specific at	nd cannot be prior	to date of filing or	more than 90 days a	fter filing.) Pursuant to 605.02
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	- -	51110 5100010	•		
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cord specifies a delayed effectis filed.	tive date, but no	of an effective i	nne, at 12,01 a.u	i. on the carrier or.	(1) 1110 77111 day tiller il
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Filing Fee: \$25.00