# LD9000096201

	•	
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·
i		

Office Use Only



100242306241

12/04/12--01017--003 \*\*25.00

II**2 DEC -4 PH 1:** ECRETARY OF STA

N. Culligan DEC - 5 2012

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHE IFCT.

**B SANCHEZ 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:

## **BERNARDO SANCHEZ**

Name of Person

**B SANCHEZ LLC** 

Firm/Company

6410 MURRY HILL DR

Address

**TAMPA**, FL 33615

City/State and Zip Code

bsanchezllc@yahoo.com

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

For further information concerning this matter, please call:

# **BERNARDO SANCHEZ**

at (813) 244-1102

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION DEC -4 PH 1: 41 OF SECRETARY OF STATE TALLAHASSEE, FLORIDA

set.

**B SANCHEZ LLC** 

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

The Articles of Organization for this Limited Liability (	Company were filed on 10/06/2009	and assigned
Florida document number L0900096201		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our records,	enter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
N. B. (4. 14. 4.6)	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** BELNARDO SANCHES 6410 MURRAY HILL DR TAMPAFIX Add MGRM Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) We just need to Change the Title: MGRM= Bernardo Toledo instead of SR. (SR) was put as the Title by mistake, please replace with (MGRM) as the right Title for Bernardo Toledo Dated 12/03/2012 Signature of a member or authorized representative of a member Page 3 of 3

Filing Fee: \$25.00

