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(15) 118 AHH: 07

R. WHITE

DEC 1 4 2019

COVER LETTER

	egistration Sec division of Corp			
SUBJECT		PROPERTY LLC		
SUBJECT	·	Name of Limit	ted Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter t	o the following:	
		RAMON SANCHEZ		
			Name of Person	
		4600 N HABANA AVENU	Firm/Company F SUITE 32	
		TAMPA, FL 33614	Address	
		DRRHS@HOTMAIL.COM	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report no	ification)
For further	r information co	oncerning this matter, please ca	11:	
RAMON	SANCHEZ		813 423-6517 at ()	
164	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed i	s a check for th	e 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:

TO:

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 TO ARTICLES OF ORGANIZATION OF



2019!! T18 7HII: 07

SANCHEZ PROPERTY 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 Liabili		11 and assigned
Florida document number L11000029382	.	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
SANCHEZ PROPERTY LLC, A HOLDING COMPAN	ΙΥ	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
_		, Florida
		, Florida Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	nd complete performance of my di d agent as provided for in Chapte tered office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
			Add
			□ Remove
			Change
	···		
			Remove
			☐ Change
			□ Remove
			Change
		-	
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Effect	ive date, if other than the date of filing:
lf an el <u>Note:</u>	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11/09/2019
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00