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COVER LETTER

TO: Registration Division of	n Section Corporations				
	andberg, LLC				
	Name of 1	Limited Liability Company			
The enclosed Article	s of Amendment and fee(s) are s	submitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Scott Sandberg				
		Name of Person	 -	_	
	Scott Sandberg, LLC				
		Fimv/Company	 ,		
	193 Paradise Valley Dr.			2021 SEC	
	Ponte Vedra, FL 32081	Address		2021 SEP -1 SEGRETARY TALLAHA	
	snsandberg@gmail.com	City/State and Zip Code		PM 3: 1 SSEE, FL	
For further informatic	E-mail address on concerning this matter, please	s: (to be used for future annual report notific	cation)	FATE 16	
Scott Sandberg	m concertang this matter, pietise	904 501-7092			
		at ()			
Nan	ne of Person		Telephone Numbe	Т	
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &)
P.O. Box 6	n Section Corporations	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S	orations Hahassee	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scott Sandrerg, Labo		
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L. Illinoida document number	iability Company were filed on Sept. 21, 2011	and assigned
his amendment is submitted to amend the foll	owing:	
If amending name, enter the new name o	f the limited liability company here:	
Emberley Sandberg, LLC		
the new name must be distinguishable and contain the value of the new principal offices address, if applications of the principal office address MUST BE A STREET		the abbreviation "L.L.C."
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	PH 3: 16 SEEE, FI
8. If amending the registered agent and/or agent and/or the new registered office addre		name of the new registe
Name of New Registered Agent:	Kimberley Sandberg	
New Registered Office Address:	Enter Florida street address	
	Florid	da
	, FIOTO	ia

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.

f 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
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Iffective date, if other that an effective date is listed, the date inserted in locument's effective date on	ate must be specific this block does no	and cannot be price the appli	cable statutory titi	op more than 90 days a ng requirements.	otional) Iter filing.) Pur this date will	suant to 0 not be 1	605.0207 listed as
record specifies a delayed el d is filed.	ffective date, but i	not an effective (ime, at 12:01 a.m.	on the earlier of:	(b) The 90	th day a	fter the
August 28		2021					
ated	- <u> </u>	-; 	_·				
	Signature of	neulei	orized representativ	bee		·	

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