## L12000022383

(Rec	questor's Name)	<del> </del>		
(Add	lress)	· · · · · · · · · · · · · · · · · · ·		
(Add	dress)			
(City	//State/Zip/Phon	ne #) ···		
PICK-UP	MAIT	MAIL		
(Bus	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500236918065

067899236918065.00

12 JUN-28 PH 12: 50 SECRETARY OF STATE ALL MIASSEE FLORID

C. LEWIS

JUL -2 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SANCSCK Sout Gue CC.  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:
EVERETT GALLOGY Name of Person
Name of Person
SANCTON BOUTIGUE UC
101 N. Riverside De, #114/E
Pompano Beach A 33062 City/State and Zip Code
Service Sandhoxbouttque Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (95%) 3/2 - 8427  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$\$ \$60.00 Filing Fee, Certified to Status & Certified Copy (additional copy is enclosed)} \text{\$\$\$\$ \$Certified Copy (additional copy is enclosed)} \text{\$\$\$\$} \$\text{\$\$\$}\$

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 TO **ARTICLES OF ORGANIZATION**

FILED

	Or		
Sandbox	Boutique U	12 JUN 28 PM 12: 55	
. (Name of the Limited )	Liability Company as it now appears of Florida Limited Liability Company)	TOUR PECONDA TANK OF STATE TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Lia	ibility Company were filed on Ft3r	uaey 15, 202 and assigned	
Florida document number <u>L/2000</u> 223	<del>83_</del> .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
		······································	
B. If amending the registered agent and/or registered agent and/or the new registered off		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cit.	, Florida	
New Degistered Agent's Signature 16 shares -	City	Zip Code	
New Registered Agent's Signature, if changing Re	egistereu 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>	Name	Address	Type of Action		
MAR	GERRIANNA ASK	1450 N. Piversick Dr. #107 Pompano Beach, Pl 33062	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
	<del></del>		Add Remove		
	_,		Add Remove		
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	<del></del>		
		C. C.	FILED 12 JUN 28 PM 1850 PATARYSE		
Dated	June 19# , 20	In Mar	ED PN 12: 55		
	Cus 25ff	or authorized representative of a member  1 11 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Page 2 of 2

Filing Fee: \$25.00