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COVER LETTER

Division of Corporations	
SUBJECT: 50	Name of Limited Liability Company
The enclosed Articles of Amendment at	nd fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
	Shawn Talley ame of Person
Sc	under Factory of DWal, LLC
100	D411 Werseas Hwy
<u>ke</u>	4 La Go fee 33037 Gity/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
LISCI MULE Name of Person	at (365) 4539144 Area Code Daytime Telephone Number
Enclosed is a check for the following an	iount:
S25.00 Filing Fee S30.00 Filing Fee Certification	ate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is engaged)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandal Factors (Name of the Limited Liability Compan (A Florida Limited Li	nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>LPOOO</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
N. D. de La Company	Cir Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change. If Changin	erformance of my duties, and I am familiar with and

or removed fi	Authorized Person(s) authorized to man rom our records:	nage, enter the title, name, and address of each p	erson being adde
MGR = Ma AMBR = Au	inager thorized Member		
<u>Title</u>	Name		Type of Action
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		keylargo, PL 33087	Remove
			_ Change
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cord specifies a delay	ed effective date, but not ar	a effective time, at 12:01	a.m. on the earlier of:	(b) The 90 High	$arphi_{j}^{lpha}$ v after the
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Filing Fee: \$25.00