

L15000068112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

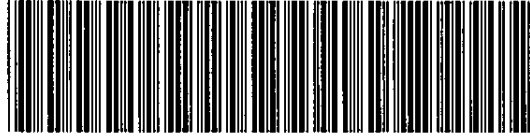
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000271801160

04/24/15--01007--023 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 24 PM 3:25

FILED

MAY 04 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sandin Realty 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:

Santos Sandin

Name of Person

Sandin Realty LLC

Firm/Company

11032 58 street circle East

Address

Pamish, FL 34219

City/State and Zip Code

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

For further information concerning this matter, please call:

Jahzeely Sandin

Name of Person

at (941)

Area Code

685-6549

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  
TO  
ARTICLES OF ORGANIZATION  
OF**

Sandin Realty 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 4-20-15 and assigned Florida document number L15000068112.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability 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)**

2015 APR 24 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Santos Sandin

New Registered Office Address:

11032 58 Street Circle East

Enter Florida street address

Parrish

City

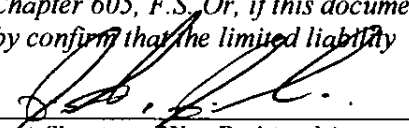
Florida

34219

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 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.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jahzeely Sandin	11032 58 street Circle East Parrish, FL 34219	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Santos Sandin	11032 58 street Circle East Parrish, FL 34219	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jack Lamb	11353 SW 133 place Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Director	Jack Lamb	11353 SW 133 Place Miami, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 24 PM 3:05  
RECEIVED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---

---

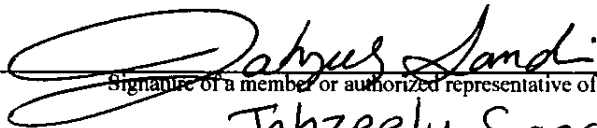
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 22, 2015.



Signature of a member or authorized representative of a member

Jahzeely Sandin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 APR 24 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED