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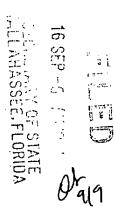
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

SUBJECT:	SAN	Dwich Wi	HERE LI	LC	
		Name of Lim	ited Liability Company		
The enclosed Art	icles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all	corresponde	nce concerning this matter	to the following:		
		T00/45	GAUCIA		•
	-	70106	. GARCÍA		
		,	Name of Person		
		SANDWIC	H WHERE	LLC	
	_		Firm/Company		
		36 NE 9	54 TH ST 4		
	-	<u></u>	Address		
	_	MiAMi,	FLORIDA	, 33 13	37
			Address Address City/State and Zip Code OTECAGA @ HOTMAIL. COM.		
	_	AJOTEC	IAMTOH @ ADA	L. COM	<u> </u>
		E-mail address: (to be used for future annua	l report notif	lication)
For further infor	mation conce	erning this matter, please c	all:		
JORGE	GARO	ia.	at (186)	326	- 2113
JORGE GARCIA Name of Person		son	Area Code	Daytime	e Telephone Number
Enclosed is a che	eck for the fo	llowing amount:			
望 \$25.00 Filing	g Fee E	3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

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

11 - 146		
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Company were filed on	07/20/2015	and assigned
11.		
mited liability company	<u>/ here</u> :	
imited Liability Company," tl	he designation "LLC" or the at	obreviation "L.L.C."
		
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	on our records, enter	the name of the nev
ldress here:	,	STATE
Fnter	Florida street address	
amer		
City [,]	, Florida	Zip Code
	ility Company as it now applied Limited Liability Company Company were filed on 1. mited liability company imited Liability Company," to DRESS) gistered office address lidress here: Enter	ility Company as it now appears on our records. Ida Limited Liability Company) Company were filed on

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 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
AMBR	MARSIIII MARIA C	SUA iMAIM. N 008	
		APT. 1702., MIAMI, FL. 3313	6 ■ Remove
			Change
AMBR	JORGE GARCIA	FL TJA JUA iMAIM. N 008	<u>02 '</u> ≤ Add
		Miami, FL , 33136.	☐ Remove
			Change
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an effective date is	f other than the date s listed, the date must be sp inserted in this block d	pecific and can	not be prior to o	late of filing or n	ore than 90 day	s after filing	(.) Pursuant to 6	05.020
	tive date on the Departr			statutory min	g requirement	is, iiiis uait	will not be in	siçu as
	ifies a delayed effe		∍, but not a	n effective (ime, at 12:	01 a.m.	on the ear	lier o
The Soln day	y after the record i	S Med.						
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		$\mathcal{M}_{\mathcal{N}^{\circ}}$. (- C I			
	Signa	nuite of a men	iber or authoriz	ed representative	of a member			

Page 3 of 3

Filing Fee: \$25.00