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## COVER LETTER è

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TO: Registration Sec Division of Corp		E S	÷		*	
SUBJECT:	The Sanct Name of Lim	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
er e	Chels	Sie Savage Name of Person			-	
	The So	Firm/Company	20	<del></del>	-	
	1201 C	windsor Ave	<u> </u>		, -	
		sd、FL 3275 City/State and Zip Code				
	3	City/State and Zip Code			温的な	
	Chelsie	to be used for future annual re	- a. ). c	mo	医 居	-13
For further information cor	n-mail address: (i		роп пошсацо	n)	TIPY OF	FILEO
Chelsie Name of I	Savage	at (5 & \) Area Code	50 le -	74 9 0 phone Number		, ;
Enclosed is a check for the \$25.00 Filing Fee		□ \$55.00 Filing Fee &		□ \$60.00 Fi		,
	Certificate of Status	Certified Copy (additional copy is enclosed)	sed)	Certifica Certified	te of Status &	

### 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

# 100

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Sanc	tum, LLC		
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appea orida Limited Liability Company)	rs on our records.)	
		9/14/15	and assigned
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Enter new mailing address, if applicable:		(A) (A) (A) (B) (B) (B)	号里口
(Mailing address MAY BE A POST OFFICE BOX)		5 (2) V(5)	H 19
	nddress here:		he name of the nev
New Registered Office Address:		0	
		, Florida	
Florida document numberLI 5000   5595D  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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	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 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>	<u>Address</u>	Type of Action
MGR	Chelsie DiPaolo	1201 Windsor Ave	□ Add
		Longwood, FL 32751	D-Remove
			Change
MGR	Chelsie Savage	1201 Windsor Ave	🔁 Add
	· ·	Longwood, FL 32750	□ Remove
			Change
			Aemove
			Change
			REPLE
		(	⊒☐ Remove
		PR	က္ □ Change
<del></del>			
			Remove
			Change
			Add
			☐ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional she	eis, if nec ll			
to be changed is "Chelsie I	Pa		t 1	<u>_</u>
is now "Chelsie Savage". 22-	, , <u>, , , , , , , , , , , , , , , , , </u>	-tn	ı	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than the date of filing or more th	(opti	o <del>nal</del> )	\ Dureugnt	
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, thi	s date	will not	be listed as the
document's effective date on the Department of State's records.				
the record specifies a delayed effective date, but not an effective time, a	t 12:01	a.m.	on the	earlier of:
) The 90th day after the record is filed.				
Dated October 7, 2015.				
Dated October 7, 2015.  Signature of a member or authorized representative of a mer  Chelsie Savage  Typed or printed name of signee	nber			
Chelsie Savage Typed or printed name of signee				
Typed or printed name of signee				

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Filing Fee: \$25.00