

L15000165443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

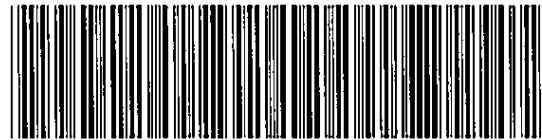
(Business Entity Name)

(Document Number)

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R. WHITE

APR 18 2019

FILED
APR 15 2019
FBI - MEMPHIS

2019 APR 15 PM 6:16

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sandisfield Florida 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:

Douglas L Barbosa
Name of Person
Sandisfield Florida LLC
Firm/Company
1316 Derbyshire Court # 102
Address
Naples FL 34116
City/State and Zip Code
DLBARBOSA07@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas L Barbosa at (239) 287-5653
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Sandisfield Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2019 APR 15 PM 6:11

CLERK
STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09.29.15 and assigned
Florida document number L15000165443.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

265 NE 166th St

MIAMI FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1316 Derbyshire Court #102
NAPLES FL 34116

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:

Douglas L Barbosa

New Registered Office Address:

1316 Derbyshire Court #102

Enter Florida street address

NAPLES

Florida


34116

City

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Philip L Fernandez</u>	<u>131 Leawood circle</u>	<input type="checkbox"/> Add
		<u>Naples FL 34104</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Douglas E Fernandez</u>	<u>131 Leawood circle</u>	<input type="checkbox"/> Add
		<u>Naples FL 34104</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AmBR</u>	<u>Marcello Sarcinella</u>	<u>495 Brickell Ave # 263</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33131</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AmBR</u>	<u>Eliane Sarcinella</u>	<u>495 Brickell Ave # 263</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33131</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AmBR</u>	<u>Douglas L Barbosa</u>	<u>1316 Derbyshire Court #102</u>	<input checked="" type="checkbox"/> Add
		<u>Naples FL 34116</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]


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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 10th, 2019 

Signature of a member or authorized representative of a member

CARLA O FERNANDEZ

Typed or printed name of signee