L16000007564

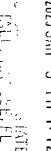
(Requestor's Na	me)
(Address)	
(Address)	
(City/State/Zip/F	Phone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	short.
(Socialite III Noil	ibery
Certified Copies Certifie	cates of Status
Special Instructions to Filing Officer	:

Office Use Only



900399081669

01.11.21 01.15 -020 **11.60







G-3/12/2022

COVER LETTER

Division of Co.					
	ANDERS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are suf	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DARYL SANDERS				
	Name of Person				
	DARYL SANDERS LLC				
	Firm/Company				
	21 HAVEN WAY				
		Address	······································		
	FREEPORT, FL 32439				
		City/State and Zip Code	·		
	GRAYTONHOMES@GM	AIL.COM to be used for future annual report noti-	Destion)		
For further information c	concerning this matter, please c	·			
DARYL SANDERS		850 520-2530			
Name o	of Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he fallowing amount:				
■ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	rtion		
Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahaceae		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finip

2023 JAH - 3 PH 1: 12

DARYL SANDERS LLC		- Q
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as if now appears on our records.) Liability Companyi	TALL DIER, FL
The Articles of Organization for this Limited Liability Compan Florida document number <u>L16000007564</u> .	y were filed on 01/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited List	sility Company," the designation "LLC" or t	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 agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	aZip Code
	Chy	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>	Name	<u>Address</u>	Type of Action
AMBR	JONAS SANDERS	21 HAVEN WAY	□Add
		FREEPORT, FL 32439	■Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
		□ Change	
		□Remove	
			□Change
		□Add	
			□Remove
			□Change
			□Add
			Remove
			5.0

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: 12/31/2022 _ (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 ____ 2022 Signature of a member or authorized representative of a member Daryl Sanders Typed or printed name of signee

Filing Fee: \$25.00