L16000024715

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

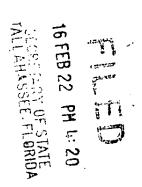
Office Use Only



200282230122 16-24715

02/22/16--01014--004 **25.00

NC



FEB 26 2016 N. CAUSSEAUX

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations			
CUD IE		eanne Nicole Reinisch LLC			
SUBJE	CI:	Name of Limi	ted Liability Company		
The enc	losed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
	Sandra Marianne Nicole Reinisch				
			Name of Person	.	
		Sandra Marianne Nicole R	einisch LLC		
			Firm/Company		
		6221 Willow Beck Lane #	108		
			Address		
		Bradenton, FL 34202			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report noti	fication)	
For furt	her information co	oncerning this matter, please ca			
Sandra	Marianne Nicole	Reinisch	941 210-1241		
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclose	ed is a check for th	e 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)	
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandra Mareanne Nicole Reinisch LLC	·
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the	any were filed on 04/04/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
Sandra Marianne Nicole Reinisch LLC	
The new name must be distinguishable and contain the words "Limited L	iability 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	
	THE POPULATION OF THE POPULATI
Enter new mailing address, if applicable:	SSE 2 1
(Mailing address MAY BE A POST OFFICE BOX)	To
	20 20 PR
	P
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, <u>enter the name of the no</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>		<u> </u>	□ Add
			□ Remove
			☐ Change
	·		
			□ Remove
			Pi Change
			BAddi P TT
			Change PH SST Change Remove Remove Remove Change
			— D Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
		***	□ Add
	· .		Remove
			Change

. If amending any other	er information, enter	change(s) b	ere: (Attach	additional shee	is, if necessary	() , ; .	
And the state of t							
				4	9-7-1 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
		141. T					
		A STATE	**************************************		Printer of the bearing.		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	entro de trabas.		,
	<u> </u>				3. (1.1.)		
					i kit jilasop <u>i o o ombekit</u>	12 To	N (
and the second second		t carry			igyani ta aga s Basani tatala	500	2 11
						Z S	
			7 (A)				7.8
			1 (1)			1.11	
		,0 r				<u></u>	
	The state of the s	a ingka. Wasangan	- Andrews - Andr	A STANDARD STANDARD			
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		٠٠ 'i' '	i ili kali		
	***		odijašaliky Podrodni Podrodnika				
n (Miller) – standard Tarihin sa katalini		73 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e en		
	A	- Se - 20					
		Physics 144			त्र कर्णान्य क्षेत्र । स्टब्स्ट्रेस्ट्रियाच्या स्टब्स्ट्रियाच्या स्टब्स्ट्रेस्ट्रियाच्या स्टब्स्ट्रियाच्या		
		JUZITA (1984) Majarah	A STATE OF THE				
woodington at the 18 hall	in all in a line in a second				i i i i i i i i i i i i i i i i i i i	e e e e e e e e e e e e e e e e e e e	
(If an affective date is listed	er than the date of fil d, the date must be specific	and cannot be p	orior to date of fil	ing or more than 9	(Optional) Odays after filing) Pursuant to	605.0207 (3)(b)
document's effective d	ted in this block does no ate on the Department o	t meet the ap f State's reco	uda:	ry nung require	ments, this date	Am not ôch	isted as the
					i de la companya de Na companya de la co		
the record specifies b) The 90th day aft	a delayed effective er the record is file	date, but d.	not an effe	ctive time, at	12:01 a.m.	on the ea	riler of:
Dated	2/19/16	<u> </u>	- August				i nar ili sa Suri Luddycu
	To						
	Signature di	a member or	authorized repres	sentative of a men	iber		
	REINIS	i 44 saktari				· ,	
		the state of	1941.75 \$ 14.00		e i di mandi	<u> </u>	

Page 3 of 3
Filling Fee: \$25.00