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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC.  
Account Number : I20140000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2017 APR -3 PM 3:52

TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SANDON INVESTMENTS LLC**

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D. SCOTT  
APR 4 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SANDON INVESTMENTS 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:

IRMA SERNA

*Name of Person*

ASLAN TAX SERVICES INC

*Firm/Company*

762 SW 18TH AVE

*Address*

MIAMI, FL 33135

*City/State and Zip Code*

IRMA@ASLANTAXSERVICE.COM

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

IRMA SERNA

305

644-9144

at ( )

*Name of Person*

*Area Code*

*Daytime Telephone Number*

Enclosed is a check for the 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)

**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

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 TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDON INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/25/2016 and assigned Florida document number L16000138804.

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:

762 SW 18TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33135

Enter new mailing address, if applicable:

762 SW 18TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33135

**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:

ASLAN AFFILIATES LLC

New Registered Office Address:

762 SW 18TH AVE

Enter Florida street address

MIAMI


Florida 33135

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>
AMBR	OSVALDO A BERNACCHI	20900 NE 30 AVE SUITE 200-20	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FLORENCIA J DI CORRADO	20900 NE 30 AVE SUITE 200-20	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASLAN AFFILIATES LLC	762 SW 18TH AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**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 03, 2017

Signature of a member or authorized representative of a member

CONSUELO SANCHEZ

Typed or printed name of signee