L16000146587

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
(23		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor		,	× .
SUBJECT:,	Litms Sandb	last LLC	* •
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mex and	na Thmbe Name of Person	
	Cit	MS Sandblast	t LLC
	12537 Westf	ield Lakes Liv	C.le
		City/State and Zip Code	34187 t 187
For further information c	E-mail address: (oncerning this matter, please c	Atms sand blast to be used for future annual report all:	t notification)
		at ()	
Name o	d Person	Area Code Da	aytime Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Addres Registration	
Division of C		_	Corporations
P.O. Box 632			of Tallahassee
Tallahassee,	FL 32314	2415 N. Mc	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Litrus Sandblast LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	1. B. (i)					
The Articles of Organization for this Limited Liability Company were filed on at Elorida document number L\U000140587	and assigned					
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 abbreviat	tion "L.L.C."					
Enter new principal offices address, if applicable:	<u>.</u>					
(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 agent and/or the new registered office address here:	he new registered					
Name of New Registered Agent:						
						
New Registered Office Address: Enter Florida street address						
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited is company has been notified in writing of this change.	ar with and s document is					

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>	Address Capture Day	Type of Action
Owner	Alexandra K Larsen	12537 Westfield Lakes Cir	□Add
Xn. make		Winter barden, FL 3478	
"Recently legal last	married, new name is Trimble.	Alexandra K Trimble	\times Change
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			□Remove
			□Change
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ne record speci ord is filed.	fies a delayed (effective date, l	but not a	n effective t	ime, at 12:01	a.m. on the	earlier of	(b) The	e 90th day after	the
Dated	Hober	19		2021	<u>)</u> .					
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Filing Fee: \$25.00