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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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09/22/22--01002--007 **25.00



21122 SEP 21 PH 3: 18

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CAPITAL CONNECTION, INC.

417 È. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 11-800-342-8062 • Fax (850) 222-1222

SANCHEZ&CO, LI	LC			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			<u></u>	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawał
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		<u> </u>	·	Fictinous Owner Search
J				Vehicle Search
			·	Driving Record
Requested by: SETH	09/21/22			UCC 1 or 3 File
Name		Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In Promise SA AT	Will Pick Up		<u> </u>	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SANCHEZ&CO, LLC

2022 SEP 21 AM 9: 05

(Name of the Limited Liability Comp (A Florida Limited	jany as it now appears or I Liability Company)	our records.); [[[*]]	ETAKY OF SHALE LAHASSEE, FL
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on Septer	nber 13, 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 Lial	bility Company," the desig	nation "LLC" or the ab	breviation "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	e address on our reco	rds, <u>enter the nan</u>	ne of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	r et		
	Enter Florida street address		
	Circ	, Florida	Zip Code
	City		гф Соае
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my s provided for in Cha	oduties, and Lam j upter 605, F.S. Or.	familiar with and if this 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	Type of Action
MGR	Sophia Sanchez	711 S. Howard Avenue	≅ Add
		200	□Remove
		Tampa, FL 33606	
MGR	Jonathan Rivera	711 S. Howard Avenue	
		200	□Remove
		Tampa, FL 33606	
			□Add
			□Remove
			Change
			□ Remove
			□Add
			□Remove
			☐ Change
			□Remove
			Change

Effective date, if other than the date of filing: Goptional Goptional	_		
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Filing Fee: \$25.00