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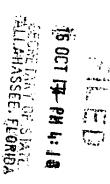
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COVER LETTER

TO: Re	egistration Sectivision of Corp	ction porations :		
SUBJECT	SANDAR I	6 LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		PEDRO LUZQUINOS		
		Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: PEDRO LUZQUINOS Name of Person Firm/Company 8670 TAFT STREET Address PEMBROKE PINES, FL 33024 City/State and Zip Code PLUZQUINOSF@HOTMAIL.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: of Person at (954 at (Area Code) Daytime Telephone Number the following amount: \$\int \frac{954}{1000} \text{ Area Code} \text{ Daytime Telephone Number} \$\int \frac{954}{1000} \text{ Daytime Telephone Number}		
			Firm/Company	
		8670 TAFT STREET		
			Address	- <u> </u>
		PEMBROKE PINES, FL 3	3024	
			City/State and Zip Code	
		· —		
		E-mail address: (t	o be used for future annual report notific	cation)
For further	information co	ncerning this matter, please ca	ıll:	
PEDRO L	UZQUINOS		at (
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDAR 16 LLC					
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Florida document number L16000178011	Company were filed on	and assigned			
This amendment is submitted to amend the following:					
Florida document number L16000178011 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 "LLC." 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)	. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	ORESS)				
		S OCT			
• • • • • • • • • • • • • • • • • • • •		SS - 7			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our reco dress here:				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street ada	iress			
		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

- 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>	Type of Action
AMBR	PEDRO LUZQUINOS	8670 TAFT STREET	Add
		PEMBROKE PINES, FL 33024	Remove
			Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	ock does not m	neet the applica	o date of filing of ble statutory f	or more than 90 day Iling requirement	optional) s after filing.) Pur s, this date will	suant to not be	605.020 listed a
			an effectiv	e time, at 12:	01 a.m. on (the ea	ırlier (
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The 90th day after the reco		2016					
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Filing Fee: \$25.00