L1600021915Z

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COVER LETTER

TO:	Registration Se Division of Cor						
CI:DIE	SANCHO		·	· ·			
SUBJE	CT:		ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		HUGO PASSOS					
			Name of Person				
			Firm/Company				
		6512 SAND LAKE SOUN	ID 2307				
		Address ORLANDO FL 32819					
		HUGOSANCHOPASSOS@	City/State and Zip Code				
		E-mail address: (to be used for future annual report i	notification)			
For furt	her information e	concerning this matter, please c	all:				
HUGO	PASSOS		689 2223171				
	Name c	f Person		time Telephone Number			
Enclose	d is a check for the	he 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 S		Street Address:				
	Division of C	Corporations	Registration Section Division of Corporations				
	P.O. Box 632	?7	The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANCHO LINS 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 $\frac{12/02/2016}{12}$ and assigned Florida document number L16000219152 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H.SANCHO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 new reg agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 v

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the appropriate of State's recomment's effective date on the Department of State's recomment.	plicable statutory fili	(option or than 90 days after ng requirements, this	onal) filing.) Pursuant to 6 date will not be li
cord specifies a delayed effective date, but not an effecti is filed.	ve time, at 12:01 a.m	on the earlier of: (b) The 90th day af
red OCTOBER 26TH			
Signature of a member or			