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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT JUN 1 2017

COVER LETTER

		istration Sec sion of Corp			· · · · · · · · · · · · · · · · · · ·
CUBIE		SANDTAB	LE CONSULTING, LLC		, v
SUBJEC	U1: .		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
	SANDTABLE CONSULTING, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: CARLOS J. ACOSTA Name of Person SANDTABLE CONSULTING, LLC Firm/Company 7640 NW 180TH TER Address HIALEAH, FL 33015 City/State and Zip Code carlos_j_acosta@hotmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number \$25.00 Filing Fee \$30.00 Filing Fee Certificate of Status Certified Copy Certificate of Status				
				Name of Person	
			SANDTABLE CONSULT	TING, LLC	
				Firm/Company	
			7640 NW 180TH TER		
				Address	
			HIALEAH, FL 33015		
					otification)
Dan Cardle	!	fa			ormeanony
			meeting this matter, please co		
CARLO	S J.	ACOSTA			
		Name of	Person	Area Code Day	ime Telephone Number
Enclosed	d is a	check for th	e following amount:	•	15/20 30 1
□ \$25.	.00 Fi	iling Fee			
		MAILI	NG ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDTABLE CONSULTING, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L17000028555		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "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 registered agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	e name of the new
Name of New Registered Agent:		S = 3
New Registered Office Address:	Fr.	寫 三 九
	Enter Florida street address	题当后
	, Florida	The Code
New Registered Agent's Signature, if changing Registered Agent:	City	2μποια 2
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro-	erformance of my duties, and I am fam	iliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
PRES	CARLOS J. ACOSTA	7640 NW 180TH TER	
		HIALEAH, FL 33015	■ Remove
			☐ Change
MGR	CARLOS J. ACOSTA	7640 NW 180TH TER	■ Add
		HIALEAH, FL 33015	□ Remove
			□ Change
			Add
			□ Remove
			Change
		·	□ Add
			Remove .
			Change
			□ Adds □ □ Remove
			Q Change
			Add
			☐ Remove
			☐ Change

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Filing Fee: \$25.00