## L17000041744

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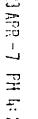
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** SANCHO'S INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Omar Sancho Name of Person SANCHO'S INVESTMENTS LLC Firm/Company 19025 Nw 62nd Ave Apt 101 Address Hialeah FL 33015 City/State and Zip Code sanchos\_investments.bagging488@simplelogin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Omar Sancho 786 294-1044 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

**Mailing Address:** 

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SANCHO'S INVESTMENTS LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	<del>_</del>
he Articles of Organization for this Limited Liability Company were filed lorida document number L17000041744	on 03/30/2023 an	d assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compa	any here:	
ne new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		3 3
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nter new mailing address, if applicable:		<b>.</b>
Mailing address MAY BE A POST OFFICE BOX)		Z (1720)
		:- <del>`</del>
	m -	<u> </u>
. If amending the registered agent and/or registered office address on	our records, enter the name of the	new regis
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Ent	er Florida street address	
	, Florida	
City	Zin C	orle

## 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

Zip Code

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
MGR	Yorjan Sancho	19025 Nw 62nd Ave Apt 101 Hialeah Fl 33015	
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Effective date, if other than the of the an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific and cannot be prock does not meet the app partment of State's record	licable statutory filing ds.	requirements, this c	ling.) Pursuant to 6t late will not be li	sted as t
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rd is filed.					
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rd is filed.  March 30  Dated	, 2023	thorized consequents:	Čo moreko:	2023 APR -	€⊒=- 0
Dated	2023	thorized representative of	ैं a member	2023 APR +7 PN 4	;⊒=; ∪ ,