## 47000126158

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRE TARY OF STAFE DIVISION OF CORPORATION

N COOPER AUG 2 2 2018

## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ariel Lopez		
		Name of Person	
		Firm/Company	
	12973 SW 252 TER LO	Γ 147	
		Address	
	HOMESTEAD FL 3303	2	
		City/State and Zip Code	
	lopezariel74@hotmail.coi E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Ariel Lopez		786 447 5113	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
	ANG ANNANA		an a DNDPovo

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

SANDY ENTERPRISE LLC			
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I	iability Company were f	iled on 06/08/2017	and assigned
Florida document number £17000126158	·		
This amendment is submitted to amend the fol	owing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	npany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	rable:		<b>=</b> 0
Principal office address MUST BE A STREE	ET ADDRESS)		SECRET
Enter new mailing address, if applicable:			<b>P</b> 0000
Mailing address MAY BE A POST OFFICE	ROV)		<del>-</del> 35
Huning address HAT ID AT OST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		ddress on our records, <u>ent</u>	er the name of the no
Name of New Registered Agent:	Jorge Enrique		
New Registered Office Address:	10623 NW 122 ST		
· · · · · · · · · · · · · · · · · · ·		Enter Florida street address	
	MEDLEY	, Florida	33178
	——————————————————————————————————————	ty:	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 605x 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

Page 1 of 3

· 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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	date inserted in effective date on					ory filing i	equireme	nts, this da	e will not be	e listed
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Filing Fee: \$25.00