117000199392

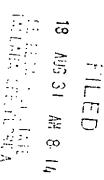
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COVER LETTER

TO:	Registration Sec Division of Corp			
\$110 H	SANDRES	CHI, LLC		
SUBJI	.cr:	Name of Limit	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	o the following:	
		JEROME R. MAURER, J	R.	
			Name of Person	
		MCGRAW AND MAURE	R ACCOUNTING, INC.	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1216 NW 13TH STREET		
			Address	
		GAINESVILLE, FLORIDA	A 32601	
		MAURER1216@YAHOO.	City/State and Zip Code COM	
		E-mail address: (to	be used for future annual report notific	ration)
For fu	ther information co	incerning this matter, please cal	II:	
JERO	ME R. MAURER,	JR.	352 374-6789	
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclos	ed is a check for the	e following amount:		
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

SANDRESCHI, 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 APRIL 30, 2018 and assigned Florida document number L17000199392 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: VICTOR J. ROMERO Name of New Registered Agent: 2216 SW 13TH STREET New Registered Office Address: Enter Florida street address

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.

GAINESVILLE

Changing Registered Agent, Signature of New Registered Agent

Florida 32608

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	HECTOR N. ROMERO	411 NE BLVD APT #4	
		GAINESVILLE, FL 32601	
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			□ Ghange
			Remove
			Change
			
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

•	
	<u> </u>
	<u> </u>
E. Effec	etive date, if other than the date of filing:
(If an e Note	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ment's effective date on the Department of State's records.
*6.11	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier c e 90th day after the record is filed.
	0/20/10
Date	3 8/28/18
	8/28/18 Viccor Ramo S.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00