## 11800038880

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	.
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	MC





800320302588

11/05/18--01010--003 ++25.00

WHAMO

R. WHITE NOV PG 2018 SECRETARY OF STATE

118 NOV -5 PM 3:

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHILL	NOW TAN	, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of.	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Roxanne Benitez		
			Name of Person	
		<del></del>	Firm/Company	
		4495 22nd Ave NE		
			Address	
		Naples, FL 34120		
			City/State and Zip Code	<del></del>
		Sandyhooves no	aples fl@gmail.com	ution)
For fu	irther information c	oncerning this matter, please co		
Roxa	nne Benitez		at (239) 821-7 Area Code Daytime T	1624
	Name o	f Person	Area Code Daytime T	elephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$1	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 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**

FILED

NOW TAN, LLC

2018 NOV -5 PM 3:58

( <u>Name of the Limited Liability Com</u> (A Florida Limited	I Liability Company)	TALE AHASSEE, FL
The Articles of Organization for this Limited Liability Compar Florida document number L18000038880	y were filed on <u>02/12/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Sandy Hooves, LLC		
The new name must be distinguishable and contain the words "Limited Lia	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4495 22nd Ave NE	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34120	
Enter new mailing address, if applicable:	4495 22nd Ave NE	
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34120	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		eords, enter the name of the
nume or their regimened rigent.		
New Registered Office Address: 4495 22nd A	Enter Florida street a	ddress
New Registered Office Address: 4495 22nd A	· · · · · · · · · · · · · · · · · · ·	ddress , Florida <sup>34120</sup>

## N

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

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>	Address	Type of Action
			Add
		<del> </del>	□ Remove
			Change
		Add	
		□ Remove	
			☐ Change
	<del> </del>		
		□ Remove	
	<del></del>	Change	
	<del>-</del>	Add	
		□ Remove	
		☐ Change	
		□ Remove	
			☐ Change
			Remove
			□ Change

_	
_	
_	
_	
_	<u> </u>
_	
	<del></del>
-	
_	
_	<del></del>
- - ffectiv	re date, if other than the date of filing: 10 15 2018 (optional)
f an effec	ctive 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 605.0207 (3)
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
iocume	is selective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ine s	90th day after the record is filed.
	0011 02 00.0
Dated _	October 23 . 2018.
	Signature of a member or authorized representative of a member
	Roxanne Benite Z  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00