# L18 0000 39540

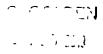
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
JOHN JOHONETO GAVE	
DATE 01/15/19	ris)
TOC. EXAM	
Office Use Only	



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2019 JAN 15 PM 4: 2



### **COVER LETTER**

10:	Division of Corporations
SUBJE	
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	John A. Youmans
	Name of Person
	Firm/Company
	700 Cinnamon Rd.
	North Palm Beach, FL 33408
	City/State and Zip Code  Lity/State and Zip Code  E-mail address: (to be used for future armual report notification)
r c	
(	her information concerning this matter, please call:
\	ohn Yumans a(S61) 322-3181
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>≝</b> \$25	0.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  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



January 8, 2019

JOHN A. YOUMANS 700 CINNAMON ROAD NORTH PALM BEACH, FL 33408

SUBJECT: SANDBAR CONSULTING GROUP L.LC.

Ref. Number: L18000039540

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must include the date on page 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00000552

Claretha Golden Regulatory Specialist II

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Youmans	700 Cinnaman Rd	ld Add
		Moran Palm Beach, FT 83	Remove
			Change
			Remove
			Change
			□ Remove
			Change
· 			🗆 Add
			Remove
			Change
, 			□ Add
			Remove
			Change
			Add
			□ Remove
			□ Change

<b>D.</b> If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del> -	
<del></del>	
(If an effective of Note: If the	the, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.
Dated	12/17 2018
_	Signature of a member or authorized representative of a member
	Typed or printed name of signee
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00