119000052169

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER MAR 2.2 2019

COVER LETTER

Division of Corporations
SUBJECT: Sandquiche Factory LLC 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:
Lenay Alba Morejon Name of Person
Firm/Company
15015 SW 52nd LN Address
Migmi/FL 33185 City/State and Zip Code
Sandquiche Factory amail com E-ritail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachel Montalvan Armas at (786) 442 6643 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

SANDGUICHE FACTO (Name of the Limited Liability Compa (A Florida Limited)	Any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\800052169</u> . This amendment is submitted to amend the following:	were filed on $O2/27/2018$ and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	15015 SW 52ND LN Miami, FL 33185
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15015 SW 52ND LN \$
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
	Alba Morejon SW 52 ND LN Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City, Florida 33185 Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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>	Name	Address	Type of Action
AMBR	Lenay Alba Morejon	15015 SW 52ND LN	Add
		Miami, FL 33185	□ Remove
			D /Change
AMBR	Claudia Elena Morejon Lemus	8895 Fontainebleau Blud	□ Add
		F01 tqA	☐ Remove
		Miami, FL 33172	5 VChange
AMBR	Montaivan Armas	8895 Fontainebleau Blvd	_□ Add
		Apt 107	C Remove
		Miami, FL 33172	_D/Change
	· · · · · · · · · · · · · · · · · · ·	L. MARIE. L. M.	Add
			Remove
			Change
			□ Add
			Remove
			Change
	-		_□ Add
			_□ Remove
			□ Change

		 			
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an effective date is list of the last of the last of the date ins	ther than the date of fil sted, the date must be specific serted in this block does no e date on the Department of	and cannot be prior ot meet the applica	to date of filing or more	than 90 days after filii	ng.) Pursuant to 605.020
	es a delayed effective ifter the record is file		an effective tim	ne, at 12:01 a.m	i. on the earlier (
ated M	arch 15th	, 2018	·		
	A				
	Signature	f Admanda on on much o	rized representative of	- mamb	

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Filing Fee: \$25.00