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(Address)

(Address)

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MAR 22 2018

COVER LETTER

**TO: Registration Section
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

Miami/FL 33185
City/State and Zip Code

sandquicheFactory@gmail.com
E-mail 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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SANDGUICHE FACTORY LLC

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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>	<u>Type of Action</u>
AMBR	Lenay Alba Morejon	15015 SW 52ND LN	<input type="checkbox"/> Add
		Miami, FL 33185	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Claudia Elena Morejon Lemus	8895 Fontainebleau Blvd	<input type="checkbox"/> Add
		Apt 107	<input type="checkbox"/> Remove
		Miami, FL 33172	<input checked="" type="checkbox"/> Change
AMBR	Rachel de la Caridad Montalvan ARmas	8895 Fontainebleau Blvd	<input type="checkbox"/> Add
		Apt 107	<input type="checkbox"/> Remove
		Miami, FL 33172	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 15th, 2018

Signature of a member or authorized agent

Rachel Montalvan Armas
Typed or printed name of signee

Typed or printed name of signee