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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sanchez Network 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:
Miguel Sanchez Verdecia
Sanchez Network LLC Finn/Company
8404 N Rome Ave. Lot 11
Tampa, Florida 33604 City/State and Zip Code Miguesanche87@qmail-com E-mail address: (to be used for future annual report notification)
Miguesanche 87(a) gmail - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Migvel Sanchez Verdecia at (813), 900 - 4316 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Cortificate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Cortified 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

Sanchez Network LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 07-10-2018 and assigned
Florida document number <u>L18000166158</u> .
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 "LLC".
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:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code
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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Miguel Sanchez Ver	decia <u>9404 N Rome Ave Lot</u> 33604	11, Tampa, FL DANG
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E. Effection (if an effe	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective 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
(b) The	90th day after the record is filed.
(b) The	90th day after the record is filed.
(b) The	90th day after the record is filed.
(b) The	90th day after the record is filed.

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Filing Fee: \$25.00