# L18000 1666941

(Re	questor's Name)	
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### **COVER LETTER**

Sanfo	rd Tuff, LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
•	Trey Aulls			
	Sanford Tuff	Name of Person		
	483 Montgomery Place	Firm/Company		
	Altamonte Springs, Fl 327	Address		THE THE
		City/State and Zip Code		V 26 PH
For further information co	oncerning this matter, please c	to be used for future annual report notifall:	ication)	(1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
trey aulis		352 678-7464		<b>≫</b> `
Name of	f Person		Telephone Number	<del></del>
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate & Certified Co (additional cor	of Status & Opy

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Sanford Tuff, LLC	
( <u>Name of the Limited Liabi</u> (A Floric	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L18000166741	Company were filed on July 10, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- NO
(Principal office address MUST BE A STREET ADD	RESS)
	No. 1
Caker and an elling address if and backles	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	stered office address on our records, enter the name of the
egistered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
Nume of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida

#### 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 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>	<u>Address</u>	Type of Action
MGR	Thomas Reed	483 Montgomery Place Altamonte Springs, Fl 32714	Add
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			Add
			Remove
			□ Change
		<del></del>	26 Change
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			October 24,			
lf an eff <u>Note:</u>	ive date, if other that ective date is listed, the date inserted in lent's effective date or	ate must be specific this block does no	and cannot be prior of meet the application	to date of filing or me	filing.) Pursuant to (	
The	cord specifies a de 90th day after th	e record is file	d.		.m. on the ea	rlier of:
Dated	10/24/18 Cust		_,			
			_			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00