## 118000177827

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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## COVER LETTER

Divi	sion of Cor	porations		
otiblear	SANYE H	IOLDINGS LLC		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Mariana Yepes		
			Name of Person	. <del></del>
		SANYE HOLDINGS LLC		
		<del></del>	Firm/Company	
		465 SW 113th Lane		
			Address	
		Pembroke Pines, FL 330	025	
			City/State and Zip Code	
		santiagoye@gmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For further in	formation co	oncerning this matter, please ca	all:	
Mariana Ye	pes		786 450-1110	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	31 411 1	INC ADDRESS	STDEET/COUD	IED ADDDESS.

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

SANYE HOLDINGS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	appears on our records.)  mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L18000177827</u> .	1 on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abtreviation "L. ff."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3. 09 107
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addi- registered agent and/or the new registered office address here:	ress on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
E	nter 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	Santiago Yepes	465 SW 113th Lane	
		Pembroke Pines, FL 33025	Remove
			☐ Change
AMBR	Mariana Yepes	465 SW 113th Lane	Add
		Pembroke Pines, FL 33025	□ Remove
			□ Change
			Add
			Remove  Change  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
			-6 -91 3-09 FLORIDA Remove
			Change
			□ Remove
			Change
			Add
			Remove
			☐ Change

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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 block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0207 atutory filing requirements, this date will not be listed as
If the record specifies a delay (b) The 90th day after the r		effective time, at 12:01 a.m. on the earlier of
August 1	2018	
	_	

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Typed or printed name of signee

Filing Fee: \$25.00