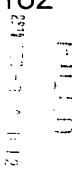
## 118000185466

(Re	questor's Name)	
- (Ad	dress)	
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(Do	cument Number)	
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Office Use Only



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## **COVER LETTER**

TO:	Registration So Division of Cor		·	
CUDI		ORAL LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		JOSE FRANCISCO SANI	DOVAL GALAVIS	7.9
			Name of Person	
		SANDO DORAL LLC		ι, ,
			Firm/Company	
		8814 GRAND PALMS CI	R	<del></del>
		· · · · · · · · · · · · · · · · · · ·	Address	
		KISSIMMEE, FL 34747		
		taxspecialistusa@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please c	all:	
JOSE	MANUEL GUER	RERO	786 838-8293	
	Name o	f Person		ne Telephone Number
Enclo	sed is a check for the	he following amount:		
■ S2	25.00 Filing 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)
	Registi Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDO DORAL LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company Iorida document number 1.18000185466	y were filed on <u>08/02/2018</u>	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	·-···	
Principal office address MUST BE A STREET ADDRESS)		-2
		,
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		· · ·
		<del></del>
		2
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he		r the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, 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 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	SANZ GONZALEZ, GABRIEL I	8814 GRAND PALM CIR KISSEEMMEE, FL 34747	Add
			■ Remove
			☐ Change
			Add
			□ Remove
			□ Change
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	c does not meet the applicable	date of filing or more than 90 le statutory filing requirem	(optional) days after filing.) Pursuar ents, this date will not	nt to 605.0 be listed
record specifies a delayed e he 90th day after the record		an effective time, at 1	12:01 a.m. on the	earlie
ed NOVEMBER 27	2018			
	(50mm)			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00